

REI

OK

love your life

**All
New!**

**TRICK
YOURSELF
INTO
SPENDING
LESS** p.104

Sexy
**AT-HOME
DATE
NIGHTS**

**YOUR
WORST
HEALTH
FEARS**

We can make them
go away. p.50

**Kelly
Ripa**

"I feel like I
should apologize
for everything"

**5 skinny
suppers**

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A person is lying on a bed, partially visible on the left side of the frame. They are wearing light-colored pants. The bed is adorned with several pillows: a large red pillow with a floral pattern, a brown textured pillow, and several plain beige pillows. The headboard is dark wood. The overall scene is cozy and comfortable.

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sensitive skin is red and highly reactive to irritation triggers



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the beauty of
nature+science

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calm
sensitive
skin.

empower it.

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January



p.50

Your no-sweat plan to staying healthy and happy.

All New!



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Kelly Ripa photographed exclusively for REDBOOK by Matt Jones. Hair Oscar Blandi for oscarblandi.com. Makeup Lisa Garner for artistsbytimothyprano.com. Manicure Gina Eppolito for ginaails.com. Set Design Ethan Taubman for artmixbeauty.com. Stylist Audrey Slater. Dress Farah Angsana. Ring C. Greene; available at brokenenglishjewelry.com. Get Kelly Ripa's look with makeup and hair care by Avon. Makeup Avon Smooth Minerals Lipstick SPF 15 in Apricot Glow. True Color Eyeshadow Quad in Mocha Latte Quad. Be Blushed Cheek Color in Tropical Peach. SuperFull Mascara in Black. Hair Avon Advance Techniques Anti-Frizz Capsules. Volumizing Mousse. Hair Spray.



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Deck yourself out in bubbly baubles.

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	ALL NEW CHEVY EQUINOX	2010 HONDA CR-V	2010 TOYOTA RAV4	2010 FORD ESCAPE HYBRID
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MAY THE BEST CAR WIN

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2010 LTZ as shown, \$28,790⁶

January

Making It Work

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Whip up this healthy turkey dinner tonight.



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A vacation that keeps everyone smiling.



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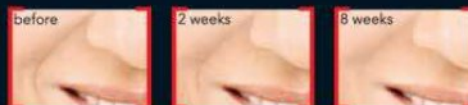
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Hello



Introducing Alice Bradley, Beth Kobliner, Karen Karbo, Lisa Lillien (a.k.a. Hungry Girl), and Julie Morgenstern.



Meet five women just like you

I'm not usually a fan of creating a big to-do over the new year. Making the same old (usually self-critical) resolutions to be a better, different, *new* you strikes me as exactly the wrong way to start fresh. But this year, I want to stand on a mountaintop and yell NEW NEW NEW! Because here in your hand, at last, is the result of months of work and planning: a brand-new REDBOOK. Our mission remains the same: to help you move from your to-do list to your to-be list so you can live your life with passion and joy. But we've dressed it all up in new sections that speak to the core of who we—and you—are.

Part of this new focus has meant inviting the five smart, compassionate, caring, and, yes, very funny women you see here to join the conversation. Relationship columnist Karen Karbo has been with us for six years (whoa! time flies!), and organizing guru Julie Morgenstern joined us last year. And I'm so pleased to officially welcome three more women who have a great perspective on life and plenty of wisdom to share: Alice Bradley, a longtime blogger and one of the funniest writers I know, will pen the Imperfectionist column, where we'll all recognize the familiar challenges and hilarities of being a parent; Beth Kobliner, author of one of the best books on money and finance ever, *Get a Financial Life*, will share her money smarts in a way that is encouraging and warm and not at all scary; and Lisa Lillien—better



known by her alter ego, Hungry Girl—will give us lots of ideas for tasty, convenient snacks and foods that won't add inches to our waistlines. I've had the opportunity to meet all these women, and with each one I've had long conversations not only about their expertise but about their lives, their children, their pet peeves. I'm so excited to fill these pages with advice I trust from women I trust. It's a busy, crazy world we live in—we need to rely on one another to make it all work!

That's what REDBOOK is about, more than anything: Making It Work (which is also the name of one of our new sections; check it out on page 103). So let's get this conversation started! Let me know what you think about what we've done. (To do that, join the REDBOOK Reader Network at redbookmag.com/readernetwork.)

Happy New Year!

Stacy Morrison, Editor-in-Chief
redbooked@hearst.com

My book tour could stop in YOUR town!

As some of you know from reading this page over the last several years, my marriage came to an end just as I started running this magazine. At the time, my son, Zack, was just 8 months old, which was heartbreaking enough. And then the house my husband and I lived in started to fall apart, with water pouring into the basement and from the roof in several spots whenever it rained. And then it got worse. No, really. But after a time, it all got better. I don't mean that my husband and I stayed together—we didn't—but rather that I found my way to a place I never thought I'd be in life: I'm at peace. With who I am, and what life sends me, all of it.

So I wrote a book about it, a story about finding optimism even in life's hardest stuff. It's called *Falling Apart in One Piece*, and it will be published in March. Usually destinations for book tours are the country's largest cities, but to thank so many of you who helped me as I wrote the book (by being my Facebook friends and rooting me on in the many months it took for me to write it), I'm going to come to you. How am I going to choose which of you to come see? Well, I'll come see whoever can round up the most women (and men) for the event! Snacks on me! Go to redbookmag.com/fallingapart for more details about how to raise your hand. I can't wait to meet you!



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REDBOOK on the Web

Curious about what's in the stars for you in 2010? Log on to redbookmag.com/horoscopes for a free sneak peek at what's in store for your love life, career, and family in the New Year.

Daily forecast

Start your day with peace of mind. With a few words of cosmic wisdom to prepare you, you'll be ready to conquer anything that might be in store.
redbookmag.com/dailyhoroscopes

Couple compatibility

You and your beau may align well between the sheets, but how will you line up in the stars? Find out what the cosmos have to say about your relationship and get tips that will take your love to the next level.
redbookmag.com/couplehoroscopes

Chinese zodiac

Enter your birthday to find out whether you're a monkey, a rabbit, a tiger, or a pig—and see if your personality fits your animal profile!
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Take a chance

All this fortune talk have you feeling lucky? Enter our sweeps all month long for a chance to win more than \$14,000 in prizes, including a luxe trip to Utah! Or enter to win \$100,000 at winit100k.redbookmag.com.
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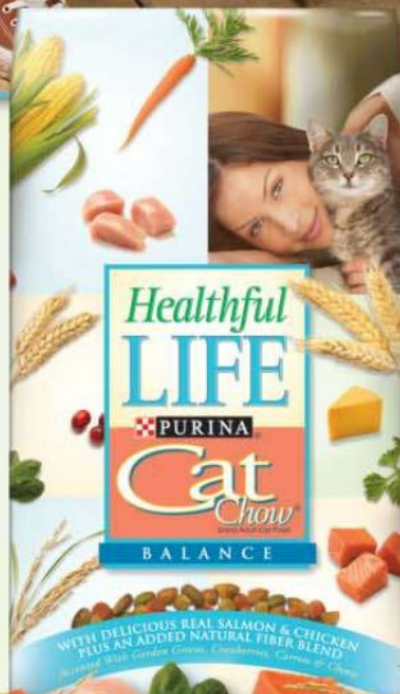


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What makes a family?

You had a lot to say about November's "What's the Right-Size Family?" Some of you saw yourselves in our story; others were disappointed that we didn't include a family like yours—a childless couple, a single mom, or a clan with adopted kids. REDBOOK is proud of the many articles we've published that, together, capture all the amazing ways we build our families and live our lives today. So please keep your stories coming! Join the REDBOOK Reader Network at redbookmag.com/readernetwork.

I have never been so touched by an article before. I've always wanted a huge family. When we learned that my husband is sterile, we tried in vitro fertilization. We finally conceived our son, Connor, who is now 2, and we're trying to get pregnant again. It's an emotional, exhausting, and expensive process. This article made me realize there are others who have struggled and learned to be at peace with their family size—maybe I can get there too.

Letters

Hearing from ordinary people about real-life situations is what I love about REDBOOK! —Janine Williams, Clinton, OH

This article captured exactly what I have been feeling. We have a 4-year-old son and have been trying for almost four years for another child. It is nice to know I am not alone. We are taking one day at a time and trying to be grateful for all our blessings. I have a wonderful son and a great husband, and I feel blessed that I have the opportunity to be a mother. —Gretchen Schutter, Coopersville, MI

I loved seeing the large families in this article. I grew up as the oldest of 10, and I think you portrayed all the families' choices with sensitivity. But I resent that you didn't profile any families grown through adoption. We are parents of eight children—four biological kids and four adopted from China. I think you missed an opportunity to show that families such as ours (and there are many!) also face the same decisions as the ones featured in your story. —Joanne Swift, Cromwell, CT

I've long enjoyed REDBOOK for its home, career, and health content. As a childless 34-year-old married for seven years, I am always seeking interesting stories about families that choose not to have children or simply can't. Does REDBOOK not perceive my husband and me, with our unique holiday traditions, lively dinner conversations, packed calendar, and loving home, to be a family? I look forward to seeing people like me in your pages in the future. —Michelle Marquardt, Chicago

Tell us what you're thinking!

Email redbook@hearst.com, or write to us at: REDBOOK Mail, 300 W. 57th St., New York, NY 10019. Letters may be edited for clarity and length.



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REDBOOK

loveyourlife

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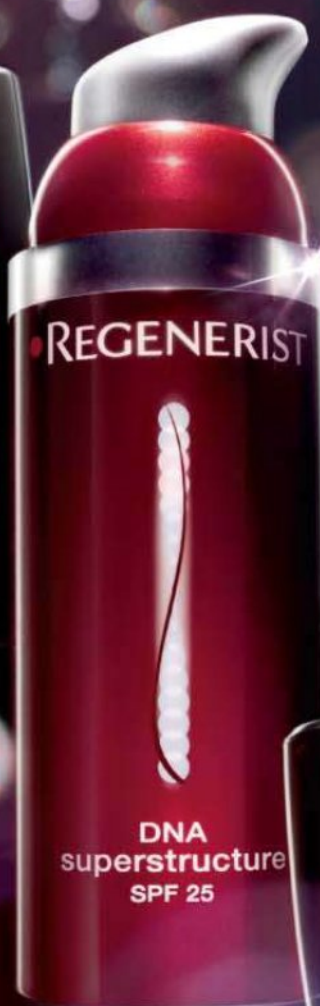
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 ONSTAR ³ W/ BUILT-IN AUTOMATIC CRASH RESPONSE ⁴	✓ (STANDARD FIRST YEAR)			
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Chevy Malibu



2010 LTZ as shown, \$27,325⁷

2

Escape stress with an audio vacation

A spa trip not in your immediate future? De-stress on the go with a quick download from iTunes's vast collection of nature sounds. "Ten minutes is enough to have a calming effect," says Jeffrey Rediger, M.D., medical director of McLean Hospital Southeast in Brockton, MA. Choose any theme that appeals to you (we like "Sounds for Life: Ocean Waves" and "Relaxing Rain: Tranquil Forest Rain"), or one that reminds you of a favorite vacation to conjure up the relaxed state you were in the last time you heard those sounds. At six-plus minutes for 99 cents, this is truly easy listening.



Another excuse to avoid the iron

Never feel sheepish about wearing a wrinkled shirt again. This MUJI tee comes packaged as a shrink-wrapped 2x2-inch cube: Unfurl it to experience the garment in all its crinkly glory! The tee can be dressed up under a suit with a big necklace or paired with jeans and a cardigan for a casual weekend look. Either way, just unroll it and go. Available in blue, green, and red for \$15 at momastore.org.



Want to look and feel great in the New Year, without relying on expensive salon brands? Look no further. Here, **Pantene Senior Scientist Jeni Thomas, Ph.D.**, shows how you can have healthy hair this winter, thanks to the science behind **Pantene's Pro-V® formulas**. And **style expert Stacy London** shares how pairing fabulous hair with smart, savvy style can make you feel beautiful—inside and out.

**HEALTHY HAIR
DOWN TO A
SCIENCE**



Dr. Thomas on Turning Back the Strands of Time:
Use styling products that contain fatty alcohols and silicones to help provide control without sacrificing hair's health. **Pantene® Pro-V® Restoratives Time Renewal Mask** quenches parched hair, restoring a smooth, "younger" appearance to the outer surface.

72% of *Redbook* subscribers surveyed agree—I've tried different salon brands, but I love Pantene.*



Dr. Thomas on the Science of Healthy Hair:

Fighting frizz can be daunting. And under a microscope, you can see why—humidity can "disrupt" hair's alignment and smoothness. Thankfully, **Pantene® Pro-V® Smooth Shampoo and Conditioner** lubricate hair's surface, keeping "good" moisture in and humidity out. Avoid further disruption by not backcombing or teasing hair—both lift the hair cuticle up.



(Cover)

For those looking for damage control and beautiful shine, a winning solution is **Pantene® Pro-V® Ice Shine Shampoo, Conditioner and Hairspray**. Light needs to reflect off a pure, smooth surface and penetrate inside the fiber to reflect from within. These formulas polish hair's surface to allow light to penetrate and enhance hair's natural reflectivity. AND they help hair fibers to lie smooth to create a glossy surface and 2X the shine in just one use.**





Stacy London on A Healthy Attitude:

Healthy-looking hair makes you feel beautiful. Pair it with smart style, and your true confidence shines through. Looking great every time you walk out the door is easy with these budget-friendly tips.

- Invest in your wardrobe. Choose a few well-tailored, signature pieces that you'll wear often, and can mix and match with more affordable trends.
- When it comes to your hair, you don't have to go for really expensive products to get a really expensive look. Rely on **Pantene**, and splurge on the boots you've been eyeing instead.
- Give back to your community. It's a priceless way to feel good, and it's easy too. Learn how you can help Pantene provide real-hair wigs for women undergoing cancer treatment at beautifullengths.com.

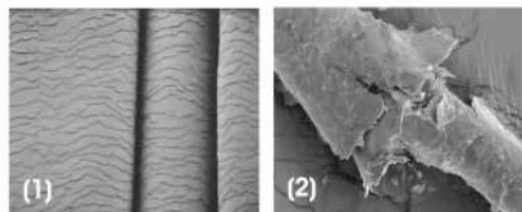


Split ends are many women's biggest hair challenge; and they occur when your hair loses its protective outer layer, exposing the fragile inside. Use **Pantene® Pro-V® Restoratives Breakage Defense Shampoo and Conditioner** to coat the strands and help shield hair from damage like this, while strengthening it against breakage.

"Smart beauty is about looking and feeling your best and never overpaying for it." —Stacy London

The Cold Facts

Healthy hair (1) has smooth, flat cuticles. "The season's dry air can cause hair fibers to repel each other, creating 'winter static,' which disrupts hair's alignment," explains Dr. Thomas. Wind and excess brushing can damage the outer shaft too (2). Thankfully, Pantene has pro-vitamin formulas that help protect against damage to keep healthy hair beautiful.



Pantene is so confident in their science that if you're not satisfied, they'll switch you back to your old shampoo or conditioner—even a salon brand!*** For more information, visit pantene.com.

*Survey results among the 147 qualified *Redbook* opt-in subscribers who currently use a Pantene shampoo and conditioner system, and have also used a salon brand shampoo and conditioner system within the last 12 months. Claim statements are based on agreement by a majority of the qualified respondents.

**Pantene shampoo, conditioner and hairspray vs. non-conditioning shampoo.

***Call 1-866-292-7056 for details. Refund applies to pictured Pantene products and 1 replacement shampoo, conditioner or styler of choice up to \$20. Original receipts for Pantene and replacement product required within 30 days of purchase. Offer void in Maine. Offer available 11/29/09–5/1/10. Limit 1 per household.

PANTENE

PRO-V

Wish you could rescue hair from winter damage
and get breakage protection leading salon brands can't beat*?

Pantene Restoratives has advanced pro-vitamin formulas that start at the core and strengthen against winter damage, dryness, even static. And if you're not satisfied we'll actually switch you back to your old product, even if it's a salon brand.** That's confidence! See Pantene.com for details.

HEALTHY MAKES IT HAPPEN



©2009 P&G. *Shampoo and conditioner system vs. leading salon brand systems based on 2007 Kline report of sales data.
**Call 1-866-292-7056 for details. Refund offer applies to pictured Pantene products and 1 replacement shampoo, conditioner or styler of choice up to \$20. Original receipts for Pantene and replacement product required within 30 days of purchase. Offer void in Maine. Offer available 11/29/09-5/1/10. Limit 1 per household.

UNGUILTY pleasures

4 The snack you **crave** without the calories

The same taste, the same crunch, the same tell-tale orange dust on the fingertips—but Michael Season's Cheese Puffs have less than half the fat of the leading cheese-puff brand. Each 2-cup serving has 130 calories and 4.5 grams of fat. Or, heck, just eat a whole bag: The new 99-cent, 100-calorie pack won't give you a postsnack slump or make you feel... well, puffy!



Bottled bliss for the bath

The sophisticated scents of Boots' Original Beauty Formula collection bring a touch of luxury to your bathtime. And the glass bottles are so chic, you won't want to hide them behind your shower curtain. The apothecary-style vessels might be posh-looking, but their Target price tag is downright populist: Bath Oil with Rose & Lavender, \$12; Bath Foam with Bergamot & Clary Sage, \$13; Skin Tonic with Damask Rose, \$10.



	2010 CHEVY TRAVERSE	2010 HONDA PILOT	2010 TOYOTA HIGHLANDER V6
AVAILABLE SEATING	8	8	7
HWY. FUEL ECONOMY ¹	24 MPG	23 MPG	24 MPG
5-STAR FRONTAL/ SIDE-IMPACT CRASH SAFETY RATINGS ²	✓	✓	5-STAR DRIVER, 4-STAR FRONT PASSENGER
ONSTAR ³ W/ BUILT-IN AUTOMATIC CRASH RESPONSE ⁴	✓ (STANDARD FIRST YEAR)		
POWERTRAIN LIMITED WARRANTY ⁵	100,000-mile 5-year	60,000-mile 5-year	60,000-mile 5-year
MAXIMUM CARGO VOLUME ⁶	116.4 CUBIC FT.	87 CUBIC FT.	95.4 CUBIC FT.
SPACE BEHIND THIRD ROW	24.4 CUBIC FT.	18 CUBIC FT.	10.3 CUBIC FT.

MAY THE BEST CAR WIN

¹ EPA estimate. ² Side-impact crash test rating is for a model tested with standard head-curtain side-impact air bags (SABs). Government star ratings are part of the National Highway Traffic Safety Administration's (NHTSA's) New Car Assessment Program (www.safercar.gov). ³ Visit onstar.com for details and system limitations. ⁴ OnStar acts as a link to existing emergency service providers. ⁵ Whichever comes first. See dealer for details. ⁶ Cargo and load capacity limited by weight and distribution. ⁷ For more information about the 2009 Best New Family vehicles from Kelley Blue Book's kbb.com, visit www.kbb.com/family09. Kelley Blue Book is a trademark of Kelley Blue Book Co., Inc. ⁸ MSRP. Tax, title, license, dealer fees and optional equipment extra. OnStar and the OnStar Emblem are registered trademarks of OnStar LLC. Traverse is a registered trademark and Chevy is a trademark of General Motors. ©2009 General Motors. Buckle up, America!



"A 2009 Best New Family Vehicle."

— Kelley Blue Book's kbb.com⁷



CHEVY.COM | STARTING AT \$29,999⁸

Chevy Traverse



2010 LTZ as shown, \$38,760⁸



Kelly Ripa needs a

time out

She didn't always feel this way. She used to find a thousand reasons why everyone and everything else in her life deserved more of her time than she did. But then a very trusted expert (her husband, Mark) helped Kelly see that the best gift she could give to anyone was to make a little more room for herself.

BY REBECCA ASCHER-WALSH
PHOTOGRAPHED BY MATT JONES

t

he first thing you learn when you put on borrowed clothes at a fashion shoot," Kelly Ripa says, standing unself-consciously in her underwear in between trying on dresses for this story, "is that someone always has bigger boobs, a smaller waist, and longer legs than you do. Actually," she adds with her signature giggle, "everyone has bigger boobs than I do."

Kelly's refreshing awareness that embracing who you are often means dumping impossible expectations—together with her trademark frank humor—is what has made her one of TV's brightest spots. On *Live With Regis and Kelly*, she's willing to take a joke, but she's just as likely to be making one at her own expense. And she openly relishes the ordinariness of her private life with "Consuelos" (that would be her husband of 13 years, Mark) and their kids, Michael, 12, Lola, 8, and Joaquin, 6. While her life is overflowing—with family, *Live*, and a production company that has a development deal with TLC—Kelly comes across as almost superhumanly energetic, but never frantic.

On an afternoon a week after the photo shoot, Kelly is curled up on the beige couch in her *Live* dressing room, wearing jeans and a baggy white sweater. Her hair is tucked behind her ears, her face scrubbed clean of makeup, and it's easy to believe the 39-year-old when she says she's rarely recognized in public. Being able to go under the radar is a plus to her, she admits, because it means that when she's not working, it's all about her family, friends, and time for herself, a balance that has been hard won. One look at Kelly in this home away from home she's created—with framed snapshots of her kids and of Mark all around her—tells you instantly where her priorities lie.

What's the most important lesson you've learned about being happy and keeping all the many pieces of your life from overwhelming you? Do you feel like you've found a way to crack that? I feel like—I'm very superstitious [*knocks on wooden table*].—I feel like I have found a way.

What is it? That it's okay to say no. "No" is a gift you give yourself, and it liberates you. With kids, you have to say no to them and mean it, and that's enabled me to say no in other aspects of my life. I'm not good at it, but I'm learning. Now, I'll say to people, "I'm really sorry, but I don't have time this week. Can we do it another time?"

"I'm learning it's okay to say no. 'No' is a gift you give yourself, and it liberates you."

So you still apologize when you say no. Oh, I am so apologetic. I feel like I should apologize for everything. I still avoid saying no to people until they are literally at the stalking level, asking, "Are you going to do this or not?" But if you just give an answer from the get-go, everyone can move on. I've had to realize there are other people in the world and not just me. Imagine the shock!

Did Mark teach you that? Your kids? Or was it just growing up? I think growing up is part of it. But 99 percent is children. Children teach you really fast that you're not the center of the universe. And my husband is extraordinarily honest and one of the most direct people on the planet. He handles his life in a way that I find admirable and inspirational. He can make decisions in a snap that are somehow still thoughtful, weighing his options and then saying, "We're going with option A." I, meanwhile, agonize over what kind of pasta we're going to have. Angel hair or linguine? I can spend four hours on that conversation alone.

It sounds like you two balance each other nicely. I think I'm a good foil to him. Otherwise, our house could be like a military school. Not that there's anything bad about that, but he's so efficient!

Do you have any pet peeves? Not really. As far as my family, there's only one rule in my house, and that's that my kids must be polite to other people. You can get so caught up in your own world that you're not aware of other people and how you're affecting them. I'm the biggest offender, but I want better for my kids, so I demand that they are polite. The art of please and thank you never goes out of style. I've had thank-you notes made up for them, and when they complain that they don't have lines on them to make it easier to write, I literally get out a ruler and draw the lines.

Is it difficult to mind your manners when you're approached while you're with your family? I'm never recognized. We were doing the show in the Bahamas, and we were shooting in the hotel lobby, and it was [*Live* executive producer] Michael Gelman, Regis, and me standing there. A crowd gathered, and a woman said, "Oh, my God! It's Gelman, it's Regis!" and handed me her camera and asked me to take a picture of them. Then she said, "Where's Kelly?"

How do you explain that? On camera it's all about glamorous makeup and hair, but in real life I don't look glamorous at all. And I don't have an easily recognizable face. I look like most women my age in a ponytail. So I go through my life kind of unnoticed, and it's great because it allows me to focus on my kids. My husband, he smiles and it's unmistakable. That gorgeousness, those teeth, that jet black hair.... Whenever I'm with him, I'm like, "You're going to blow our cover!" I am 100 percent on that bandwagon—he's so cute and he's so great,



too. But when people do notice us, they're so kind. My kids are like, "People are so nice."

What throws you over the edge? If I bite off more than I can chew. I'm like a bird that panics in the face of a storm. It's like, "I feel a tremor!" I can also obsess about crazy nonsense, like if I feel like I screwed up an interview or something on the show, but Mark really breaks it down for me. He'll say, "I know this seems very important to you, but the rest of America—I can guarantee you—isn't thinking about this." He's so good.

How do you balance time with your family and time for yourself? I used to have work and kids, and that was equal. It was work and kids and work and kids and more work and more kids, and I nearly got lost in the shuffle. For three years, I was doing the show and also the sitcom [*Hope & Faith*], and I think it took a toll. I was more exhausted than I realized, and I had a shorter fuse than I realized. It's not in my nature to be in a bad mood. But at the end of the day, things were off balance. Then, as the kids got a little older and the sitcom got canceled, it seemed to free up a lot of my time, and Mark suggested that I join a gym. He said, "Give yourself that gift, because exercise is good for the mind. What happens to your body is secondary." And he was right.

Was it hard to take that time just for you? You feel so guilty. I had ten thousand reasons why I couldn't take five minutes for myself. And by the way, it doesn't need to be exercise. It could be a walk, getting your nails done, just sitting on a bench and staring at traffic. Whatever you can do to have time by yourself. And I didn't realize how much I was a better mother, wife, and employee just by giving myself the gift of an hour a day. It feels necessary. And it feels balanced. I could probably take more, but I don't really want to spend any more time with myself. I know how the audience feels. I think they must be so sick of me at the end of the hour!

How did you get past the guilt? It's all been baby steps. Initially, we would never leave the kids alone with a babysitter. But then Mark would say, "We are going out to dinner," and I would say, "Without the kids?" And he would say, "Yes. Because that's what grown-ups do." It was something he forced me to do, and now I think to myself, *The kids will be thrilled. They know the babysitter is going to let them watch TV and eat cookies.* So that's the balance Mark introduced to me. I know there are people who are good at dealing with this stuff, but I think the majority of women feel tremendous guilt.



And we get tired and shutdown.

Yes, I do. There are still nights when, if I'm feeling really guilty about leaving the kids, I'll pick a fight with Mark over having nothing to wear. Which is a lie. I'm like, "I'm not going! My throat hurts! I have nothing to wear!" And he'll say, "Which is it?" I'm like, "I have nothing to wear and, yes, I think my throat may be hurting soon." We're evolving.

What's your favorite family time? We are a family who lives for the weekends. My youngest, Joaquin, will say to me on Tuesday, "How

DRESS: VICTORIA BECKHAM. CUFF: JOHN HARDY. SHOES: BADGLEY MISCHKA. AVAILABLE AT ENDLESS.COM.

"A date night for us is watching *Top Chef*. It's getting our kids asleep before 9:30!"

many days until Friday, Mom?" We drive out to our house in Southampton, Long Island, on Friday, and we don't schedule anything. We watch movies, we go to the beach. Even in the winter we'll take hot chocolate and bagels and just sit there. My son recently asked me when that Sunday-night, disappointed pit in your stomach goes away, and I said, "Honestly, I'm not sure if it ever does." But then Monday, I feel energized because we had a relaxing weekend.

Do you and Mark take special time just for each other? Definitely. It doesn't have to be a "date night." A date night for us is watching *Top Chef*. A date night for us is getting our kids asleep before 9:30! It's really just about checking in, asking how the other person's day is, and cuddling up. It doesn't have to lead to anything, although it usually does. But it doesn't have to. Sometimes, Mark will wake up in Joaquin's bed, and I'll wake up in Lola's tiny bed feeling like a contortionist and saying, "I'm in pain and why is there a dog on my head?"

It's important to stay committed over the long haul, isn't it? That's it for Mark and me. The first year of marriage is so tough, and we fought constantly, these tiny things becoming big accusations. Then we looked at each other one day and said, "We're in this for the long haul, so let's make it fun." It's not that it's not going to be work. You work on your marriage the same way you work at your job. But we have friends who have gotten divorced over tiny things that spiral out of control, and no one was willing to reach out, take the other person's hand, and say, "I'm not going anywhere." And sometimes it can be that simple. We argue, but we have an allegiance to each other, and we have beautiful children, and from what I hear, divorce sucks. It's not something I think I have the fortitude to go through.

Have you learned how to short-circuit a fight? We always say, "Next time I'm going to say some secret word to stop the argument." But the argument needs to run its course. There are times when I'll have a very short fuse—I don't know if I'm tired or hormonal—and when that happens it's my job to apologize. Most of the time I'm the first to apologize.

What's your best relationship advice? My girlfriends and I talk about this a lot. The more, let's say, affection—the more you do it, the more you do it. The more you reach out and hold that person's hand, the more it's going to happen. The less you do it, the less you do it. That includes everything from intimacy to hand-holding and kissing. I say reach out and grab your husband's

hand every once in a while. Even if he's wrong and he makes you sick. Because a little bit of that gets you a little bit of a back rub, which gets a little bit of "You look pretty today."

Who are your best girlfriends? I have a great group of mom friends. We are together a lot. We take care of each other: I know if I can't pick my kids up today, my friend Pam can. I think that's important. You really meet a whole new social group through your kids that you wouldn't otherwise because we all have different jobs. Now that we're all so close, it doesn't matter if our kids are in the same class. We'll still celebrate our birthdays and exercise together.

So it sounds like—what with your family and your friends and your weekends—you've figured out how to keep what's most important to you front and center in your life. We feel so lucky. Part of it is that we work really hard. Mark and I were talking recently about this time when our son and daughter were drawing pictures of houses on the chalkboard in their playroom. They were drawing the house that we were going to live in, and both Mark and I said, "We did that." I think having in your mind, *One day when I grow up, I'm going to live in this house, I'm going to do this....* I think there's something to dreaming about your grown-up life that can lead to a good grown-up life. **R**

WHERE KELLY GOES TO RECHARGE

AT HOME IN NEW YORK

I do everything in my dressing room in our New York City apartment; my kids too. So much for my alone place.... Lola is sprawled out doing homework, Joaquin is playing, and Mark is saying, "Do you have an extra scarf? Because it's really cold." And I'm like, "Why is everyone in here?!" I've got to get a lock on that door.



AT THE BEACH

I'm a warm-weather freak, but we go out to our home in Southampton on the weekends, even when it's cold. There are cornfields and hayrides. We have space there, and the kids can play soccer in the backyard.

IN THE MOUNTAINS

We have a house in Telluride, CO. Electrolux did my kitchen there (above), and it has views of the mountains from every window. For me, waking up and having coffee and looking out the window in that gorgeous setting is everything. We watch the sun come up, pinch ourselves, and say, "Can you believe this?"

SIMPONI™ (golimumab) is the first monthly self-injectable anti-TNF therapy for moderate to severe rheumatoid arthritis (RA).

JUST ONE DOSE, ONCE A MONTH.

Just one dose of SIMPONI™ monthly, taken with the medicine methotrexate, works to relieve the pain, stiffness, and swelling of RA. Results may not be the same for everyone. Methotrexate is taken weekly. Once you and your doctor are comfortable with the self-injection process, you will inject SIMPONI™ just once a month under the skin.

Ask your rheumatologist if SIMPONI™ is right for you.

Please read the Important Safety Information on the adjacent page.



SIMPONI™ offers cost support for eligible patients at www.4simponi.com or call 888-4 SIMPONI.

SIMPONI™, taken with the medicine methotrexate, is approved to treat adults with moderate to severe rheumatoid arthritis (RA).

IMPORTANT SAFETY INFORMATION

SIMPONI™ is a prescription medicine. SIMPONI™ can lower your ability to fight infections. There are reports of serious infections caused by bacteria, fungi, or viruses that have spread throughout the body, including tuberculosis (TB) and histoplasmosis. Some of these infections have been fatal. Your doctor will test you for TB before starting SIMPONI™ and will monitor you for signs of TB during treatment. Tell your doctor if you have been in close contact with people with TB. Tell your doctor if you have been in a region (such as the Ohio and Mississippi River Valleys and the Southwest) where certain fungal infections like histoplasmosis or coccidioidomycosis are common.

You should not start SIMPONI™ if you have any kind of infection. Tell your doctor if you are prone to or have a history of infections or have diabetes, HIV or a weak immune system. You should also tell your doctor if you are currently being treated for an infection or if you have or develop any signs of an infection such as:

- fever, sweat, or chills
- muscle aches
- cough
- shortness of breath
- blood in phlegm
- weight loss
- warm, red, or painful skin or sores on your body
- diarrhea or stomach pain
- burning when you urinate or urinate more than normal
- feel very tired

Tell your doctor about all the medications you take including ORENCIA (abatacept), KINERET (anakinra) and RITUXAN (rituximab) or another TNF blocker, or if you are scheduled to or recently received a vaccine. People taking SIMPONI™ should not receive live vaccines.

Reactivation of hepatitis B virus has been reported in patients who are carriers of this virus and are taking TNF-blocker medicines, such as SIMPONI™. Some of these cases have been fatal. Your doctor may do blood tests before and after you start treatment with SIMPONI™. Tell your doctor if you know or think you may be a carrier of hepatitis B virus or if you experience signs of hepatitis B infection, such as:

- feel very tired
- skin or eyes look yellow
- little or no appetite
- vomiting
- muscle aches
- dark urine
- clay-colored bowel movements
- fevers
- chills
- stomach discomfort
- skin rash

If you take SIMPONI™ or other TNF blockers, your risk for developing lymphoma or other cancers may increase. You should tell your doctor if you have had or develop lymphoma or other cancers. Heart failure can occur or get worse in people who use TNF blockers like SIMPONI™.

Your doctor will closely monitor you if you have heart failure. Tell your doctor right away if you get new or worsening symptoms of heart failure like shortness of breath or swelling of your lower legs or feet.

Rarely, people using TNF blockers can have nervous system problems such as multiple sclerosis. Tell your doctor right away if you have symptoms like vision changes, weakness in your arms or legs, or numbness or tingling in any part of your body.

Liver problems can happen in people using TNF blockers. Contact your doctor immediately if you develop symptoms such as feeling very tired, skin or eyes look yellow, poor appetite or vomiting, or pain on the right side of your stomach.

Low blood counts have been seen with people using TNF blockers. If this occurs, your body may not make enough blood cells to help fight infections or help stop bleeding. Your doctor will check your blood counts before and during treatment. Tell your doctor if you have signs such as fever, bruising, bleeding easily, or paleness.

Rarely, people using TNF blockers have developed lupus-like symptoms. Tell your doctor if you have any symptoms such as a rash on your cheeks or other parts of the body, sensitivity to the sun, new joint or muscle pain, becoming very tired, chest pain or shortness of breath, swelling of the feet, ankles, and/or legs.

New or worse psoriasis symptoms may occur. Symptoms include: red scaly patches or raised bumps that are filled with pus on the skin. These symptoms may go away or get better after stopping SIMPONI™.

Tell your doctor if you are allergic to rubber or latex. The needle cover contains dry natural rubber.

Tell your doctor if you have any symptoms of an allergic reaction while taking SIMPONI™ such as hives, swollen face, breathing trouble, chest pain.

Common side effects of SIMPONI™ include: upper respiratory tract infection, nausea, abnormal liver tests, redness at site of injection, high blood pressure, bronchitis, dizziness, sinus infection, flu, runny nose, fever, cold sores, numbness or tingling.

Please read the Medication Guide for SIMPONI™ on the following pages, and discuss any questions you have with your doctor.

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

monthly 
Simpsoni™
golimumab

Just one dose, once a month.

Medication Guide Rx Only

MEDICATION GUIDE SIMPONI™ (SIM-po-nee) (golimumab)

Read the Medication Guide that comes with SIMPONI before you start taking it and each time you get a refill. There may be new information. This Medication Guide does not take the place of talking with your doctor about your medical condition or treatment. It is important to remain under your doctor's care while using SIMPONI.

What is the most important information I should know about SIMPONI?

SIMPONI is a medicine that affects your immune system. SIMPONI can lower the ability of your immune system to fight infections. Some people have serious infections while taking SIMPONI, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses that spread throughout their body. Some people have died from these serious infections.

- Your doctor should test you for TB before starting SIMPONI.
- Your doctor should monitor you closely for signs and symptoms of TB during treatment with SIMPONI.

You should not start taking SIMPONI if you have any kind of infection unless your doctor says it is okay.

Before starting SIMPONI, tell your doctor if you:

- think you have an infection or have symptoms of an infection such as:
 - fever, sweat, or chills
 - muscle aches
 - cough
 - shortness of breath
 - blood in phlegm
 - weight loss
 - warm, red, or painful skin or sores on your body
 - diarrhea or stomach pain
 - burning when you urinate or urinate more often than normal
 - feel very tired
 - are being treated for an infection
 - get a lot of infections or have infections that keep coming back
 - have diabetes, HIV, or a weak immune system.
- People with these conditions have a higher chance for infections.
- have TB, or have been in close contact with someone with TB
 - live, have lived, or traveled to certain parts of the country (such as the Ohio and Mississippi River valleys and the Southwest) where there is an increased chance for getting certain kinds of fungal infections (histoplasmosis, coccidioidomycosis, blastomycosis). These infections may happen or become more severe if you use SIMPONI. Ask your doctor, if you do not know if you have lived in an area where these infections are common.
 - have or have had hepatitis B
 - use the medicine Orencia (abatacept), Kineret (anakinra), or Rituxan (rituximab)

After starting SIMPONI, call your doctor right away if you have any symptoms of an infection. SIMPONI can make you more likely to get infections or make worse any infection that you have.

What is SIMPONI?

SIMPONI is a prescription medicine called a Tumor Necrosis Factor (TNF) blocker. SIMPONI is used in adults:

- with the medicine methotrexate to treat moderately to severely active rheumatoid arthritis (RA)
- to treat active psoriatic arthritis (PsA) alone or with methotrexate
- to treat active ankylosing spondylitis (AS)

You may continue to use other medicines that help treat your condition while taking SIMPONI, such as non-steroidal anti-inflammatory drugs (NSAIDs) and prescription steroids, as recommended by your doctor.

What should I tell my doctor before starting treatment with SIMPONI?

SIMPONI may not be right for you. Before starting SIMPONI, tell your doctor about all your medical conditions, including if you:

- have an infection (see **"What is the most important information I should know about SIMPONI?"**).
- have or have had lymphoma or any other type of cancer.
- have or had heart failure.
- have or have had a condition that affects your nervous system, such as multiple sclerosis.
- have recently received or are scheduled to receive a vaccine. People taking SIMPONI should not receive live vaccines. People taking SIMPONI can receive non-live vaccines.
- are allergic to rubber or latex. The needle cover on the prefilled syringe and SmartJect autoinjector contains dry natural rubber.
- are pregnant or planning to become pregnant. It is not known if SIMPONI will harm your unborn baby.
- are breastfeeding. You and your doctor should decide if you will take SIMPONI or breastfeed. You should not do both without talking to your doctor first.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. Especially, tell your doctor if you use:

- ORENCIA (abatacept), KINERET (anakinra), or RITUXAN (rituximab). You should not take SIMPONI while you are also taking ORENCIA or KINERET. Your doctor may not want to give you SIMPONI if you have received RITUXAN recently.
- Another TNF-blocker medicine. You should not take SIMPONI while you are also taking REMICADE (infliximab), HUMIRA (adalimumab), ENBREL (etanercept), or CIMZIA (certolizumab pegol).

Ask your doctor if you are not sure if your medicine is one listed above.

Keep a list of all your medications with you to show your doctor and pharmacist each time you get a new medicine.

How should I use SIMPONI?

- SIMPONI is given as an injection under the skin (subcutaneous injection or SC).
- SIMPONI should be injected one time each month.
- If your doctor decides that you or a caregiver may be able to give your injections of SIMPONI at home, you should receive training on the right way to prepare and inject SIMPONI. Do not try to inject SIMPONI yourself until you have been shown the right way to give the injections by your doctor or nurse.
- Use SIMPONI exactly as prescribed by your doctor.
- SIMPONI comes in a prefilled syringe or SmartJect™ autoinjector. Your doctor will prescribe the type that is best for you.
- See the detailed **Patient Instructions for Use** at the end of this Medication Guide for instructions about the right way to prepare and give your SIMPONI injections at home.
- Do not miss any doses of SIMPONI. If you forget to use SIMPONI, inject your dose as soon as you remember. Then, take your next dose at your regular scheduled time. In case you are not sure when to inject SIMPONI, call your doctor or pharmacist.

What are the possible side effects with SIMPONI?

SIMPONI can cause serious side effects including:

Serious Infections

(See **"What is the most important information I should know about SIMPONI?"**).

Hepatitis B infection in people who carry the virus in their blood.

- If you are a carrier of the hepatitis B virus (a virus that affects the liver), the virus can become active while you use SIMPONI. Your doctor may do blood tests before you start treatment with

SIMPONI and while you are using SIMPONI. Tell your doctor if you have any of the following symptoms of a possible hepatitis B infection:

- feel very tired
- skin or eyes look yellow
- little or no appetite
- vomiting
- muscle aches
- dark urine
- clay-colored bowel movements
- fevers
- chills
- stomach discomfort
- skin rash

Cancer

- People with inflammatory diseases including rheumatoid arthritis, psoriatic arthritis, or ankylosing spondylitis, especially those with very active disease, may be more likely to get lymphoma.
- If you use SIMPONI or other TNF blockers, your risk of getting lymphoma or other cancers may increase.

Heart failure, including new heart failure or worsening of heart failure that you already have.

- New or worse heart failure can happen in people who use TNF-blocker medicines like SIMPONI.
- If you have heart failure, your condition should be watched closely while you take SIMPONI.
 - Call your doctor right away if you get new or worsening symptoms of heart failure while taking SIMPONI (such as shortness of breath or swelling of your lower legs or feet).

Nervous System Problems

Rarely, people using TNF-blocker medicine have nervous system problems such as multiple sclerosis.

- Tell your doctor right away if you get any of these symptoms:
 - vision changes
 - weakness in your arms or legs
 - numbness or tingling in any part of your body

Liver Problems

Liver problems can happen in people who use TNF-blocker medicines, including SIMPONI. These problems can lead to liver failure and death. Call your doctor right away if you have any of these symptoms:

- feel very tired
- skin or eyes look yellow
- poor appetite or vomiting
- pain on the right side of your stomach (abdomen)

Blood Problems

Low blood counts have been seen with other TNF blockers. Your body may not make enough blood cells that help fight infections or help stop bleeding. Symptoms include fever, bruising or bleeding easily, or looking pale. Your doctor will check your blood counts before and during treatment with SIMPONI.

Common side effects with SIMPONI include:

- upper respiratory tract infection
- nausea
- abnormal liver tests
- redness at the site of injection
- high blood pressure
- bronchitis
- dizziness
- sinus infection (sinusitis)
- flu
- runny nose
- fever
- cold sores
- numbness or tingling

Other side effects with SIMPONI include:

- **Immune System Problems.** Rarely, people using TNF-blocker medicines have developed symptoms that are like the symptoms of Lupus. Tell your doctor if you have any of these symptoms:
 - a rash on your cheeks or other parts of the body
 - sensitivity to the sun
 - new joint or muscle pains
 - becoming very tired
 - chest pain or shortness of breath
 - swelling of the feet, ankles, and/or legs

- **Psoriasis.** Some people using TNF-blocker medicines including SIMPONI had new psoriasis or worsening of psoriasis that they already had. Symptoms of psoriasis include: red scaly patches or raised bumps that are filled with pus on the skin. Psoriasis may go away or get better after stopping SIMPONI in some people.

- **Allergic Reactions.** Allergic reactions can happen in people who use TNF-blocker medicines. Call your doctor right away if you have any of these symptoms of an allergic reaction:

- hives
- swollen face
- breathing trouble
- chest pain

These are not all of the side effects with SIMPONI. Tell your doctor about any side effect that bothers you or does not go away. Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

How do I store SIMPONI?

- Refrigerate SIMPONI at 36°F to 46°F (2°C to 8°C).
- Do not freeze SIMPONI.
- Keep SIMPONI in the carton to protect it from light when not being used.
- Do not shake SIMPONI.

Keep SIMPONI and all medicines out of the reach of children.

General Information about SIMPONI

Medicines are sometimes prescribed for purposes other than those listed in the Medication Guide. Do not use SIMPONI for a condition for which it was not prescribed.

- Do not give SIMPONI to other people, even if they have the same condition that you have. It may harm them.
- This Medication Guide summarizes the most important information about SIMPONI. If you would like more information, talk to your doctor. You can ask your doctor or pharmacist for information about SIMPONI that is written for health professionals.

For more information go to www.simponi.com or call 1-800-457-6399.

What are the ingredients in SIMPONI?

Active ingredient: golimumab.

Inactive ingredients: L-histidine, L-histidine monohydrochloride monohydrate, sorbitol, polysorbate 80, and water for injection. SIMPONI does not contain preservatives.

Manufactured by:

Centocor Ortho Biotech Inc.
Horsham, PA 19044
US License No. 1821

Revised: April 2009
25GL09061

This Medication Guide has been approved by the U.S. Food and Drug Administration.



HEALTH & NUTRITION



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Time for **& You**

Go ahead, put yourself first

Get happier!

◆◆ Focus on the positive, volunteer, keep a gratitude journal... we're bombarded with strategies and tips for building happier lives. But which ones really work? And what would happen if you tried them *all*? Writer Gretchen Rubin decided to find out. She pored over countless research studies, anecdotes, books, and poems, then spent a year following a series of steps and resolutions that might make her happier. (One of our favorite quickies: Start the day with a song.) Rubin chronicled her progress on happiness-project.com and has compiled what she learned in her new book, *The Happiness Project*. Lesson number one: Finding greater joy starts with simply making the decision to seek it out. Done!

Time For You



Take Your Time

Clear a space on your busy schedule for you.



Take five to: Change your computer password. You type it thousands of times, so instead of using a random letter-number combo, why not change it to something a little more inspiring? Spending a few minutes to choose a word, phrase, or image that really resonates—such as `authOr2010` or `tr1athl0nch1ck`—can help you connect with who you are, where you're going, and what you want most from life. Plus, this just-for-you virtual identity provides a confidence-boosting pat on the back (or motivating push) every time you type it.



Take fifteen to: Put pen to paper and draw. Keep a sketch pad in the car and one by your bed to use whenever inspiration strikes. Drawing freely can help you tap in to your creativity and relax you. Even random doodling can be a soothing and centering activity. If the idea of sketching brings back anxious memories from fourth-grade art class, try making a list—but absolutely no to-do's! Instead, try 10 things you love about yourself, 15 favorite books, or 20 places you'd love to visit.



Take an hour to: Try a yoga class, a sculpt session, or another physical activity you've never tried before. Call a local gym or studio and ask what visiting opportunities they provide for prospective members. Chances are they'll offer a reduced-rate (or free!) day pass.

Moving your body in new ways gives you a chance to connect with yourself physically; it can also give you the quick adrenaline boost that comes with taking a little risk. Addicted to the endorphin rush? Some athletic-wear stores, like Lululemon (lululemon.com) and Niketown (niketown.com), offer complimentary classes or training sessions every week.

SANITY SAVER

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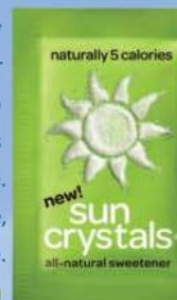
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My Space

“This is where I start the day off right.”

This bright, spacious bedroom

filled with natural light is what sold Katy Beh, 40, on the condo she moved into after her divorce. Here, Katy begins each day with a rejuvenation exercise: She wakes up at 6 a.m., pours herself a big cup of coffee, nestles back into bed, and writes longhand for 45 minutes, strictly stream-of-consciousness. Her writing, often almost illegible as her pen works to keep pace with her racing mind, tends to focus on relationships: past, present, and those to come. “I find it useful to completely purge my brain first thing,” she says. This jewelry-store owner (her eponymous contemporary boutique is in New Orleans) wanted the space “to glow and feel refreshed,” she says. So she blanketed the room in layers of cozy white textures and linens, which invite her to stay until her son, her hunger, or her demanding schedule beckons. —Wendy Manwarren



HAIR AND MAKEUP: TRACY EWELL

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naturally radiant finish
lasts all day long

antioxidant-enriched formula

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in neutral. For more information, visit almay.com.

Time For You

Cure that headache

With everything on our to-do lists, it's no wonder 95 percent of women complain of having headaches. But relief might be a mouse-click away at the National Headache Foundation's site, headaches.org. Answer a few short questions and you'll be given a list of key online resources to help you identify the root of your pain—from hay fever to hormones—and the best treatments for you.

Keep diabetes at bay

If you're one of the almost 24 million Americans who have type 2 diabetes, here's a new, old-fashioned way to treat it: tai chi. Practicing the ancient Chinese exercise lowered diabetics' glucose levels (important for avoiding complications such as high blood pressure) and boosted energy levels in a University of Florida study. "Tai chi has the benefits of exercise without the sweating," says lead author Beverly Roberts, Ph.D. "Plus, it helps balance the mind and body." Go to taichiproductions.com to find a class near you.
—Nicole Yorio

Yes You Can

be healthier this month

Boost confidence in an instant

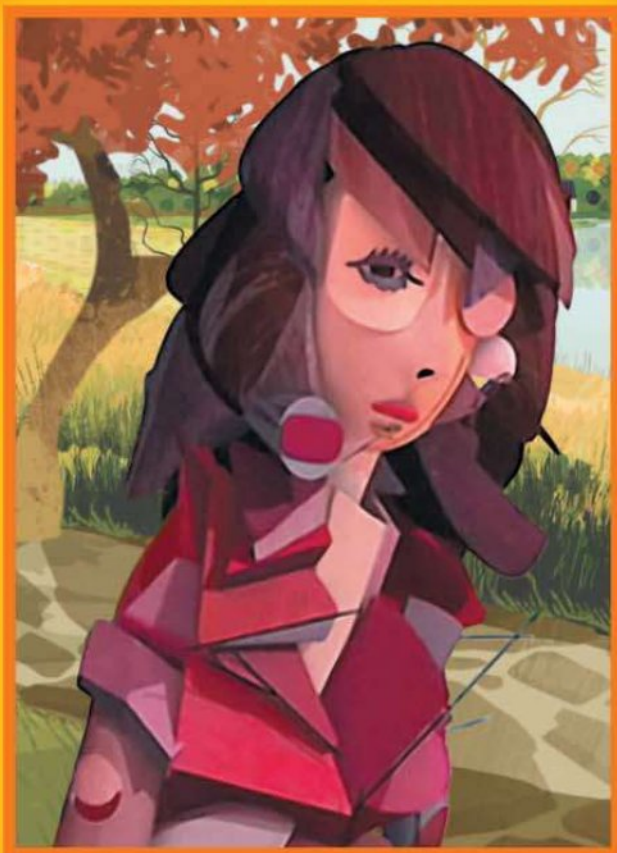
The quickest way to feel good about yourself? Sit up straight. Students in an Ohio State University study who wrote down their positive qualities and then took a survey about their future job performance predicted higher success for themselves if they had good posture while they wrote. That gets *our* vote of confidence. —Laurel Leicht



Send germs down the drain

Survey says: When in a restroom with no soap, 74 percent of us would simply rinse our hands with water. A friendly (but firm!) reminder: You need to wash with soap and warm water for 15 to 20 seconds to kill viruses and bacteria—it's crucial during flu season. Carry a hand sanitizer containing at least 60 percent alcohol to use when soap's gone MIA. —Lauren Oster





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Time For You

What's your snack personality?

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Hungry Girl

WITH LISA LILLIEN



If you're a more-is-more muncher

Then try: popcorn

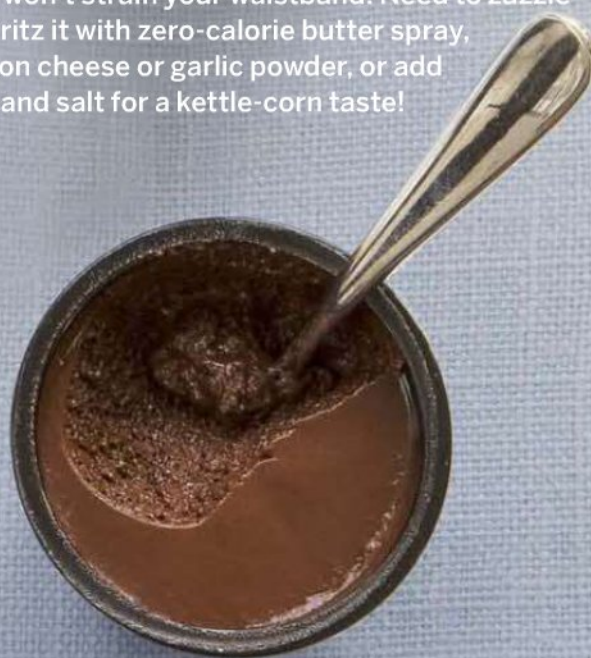
You like your snacks one way: in excess. At just 100 calories, an entire single-serving bag of Jolly Time popcorn won't strain your waistband. Need to zazzle it up? Spritz it with zero-calorie butter spray, sprinkle on cheese or garlic powder, or add Splenda and salt for a kettle-corn taste!



If you're a health nut

Then try: apples and cinnamon

I'm obsessed with apples right now. Chop up a Fuji or McIntosh, put it in a Ziploc bag with some cinnamon, and shake it up (or just sprinkle the spice on top) for a snack you can truly feel good about. These little chunks taste just like candy to me.



If you're a sucker for sweets

Then try: Jell-O Mousse Temptations

You say your favorite food group is dessert? Then these convenient little 60-calorie treats will be your new BFFs: All three flavors—Caramel Crème, Dark Chocolate Decadence, and Chocolate Indulgence—are amazing, but the Caramel Crème is my top pick!

Lisa Lillien, a.k.a. Hungry Girl, knows which foods taste great and keep the scale in check—and she wants to share her tasty tips with you. For more hints, tricks, and guilt-free recipes from Lisa, sign up for free daily emails at hungry-girl.com.

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both lean *and* clean.



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How to be > Pretty healthy

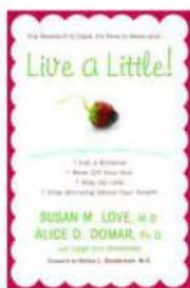
You can officially stop obsessing over working out five times a week, getting eight full hours of sleep, and stressing about all of the above (and more). Women's wellness experts Susan Love, M.D., and Alice Domar, Ph.D., cut through the hype and reveal why you're probably perfectly healthy, just as you are.

What woman can't rattle off a list of to-do items for healthy living? Exercise with weights to build muscle and bone; drink one glass of red wine daily to avoid heart disease; resist the temptation to drink two glasses of wine to avoid breast cancer; expose the skin to sunlight for 10 minutes to absorb vitamin D, then immediately apply sunscreen to avoid skin cancer; build a social support network to ward off stress; book appointments with your mate for a healthy sex life; and maintain a body mass index that falls within the "healthy" range. Oh, and don't forget your Kegels.

The rules themselves might change with unsettling frequency, but one thing remains constant: Following all of them is pretty darned impossible. Of course, you want

to be healthy. So you try. You probably find it tough going. Maybe you've experienced the "What the hell!" effect. *I've been "bad" and eaten a cookie. What the hell! I'll eat the whole bag. Or, There's no way I can exercise for 60 minutes every day. What the hell! I won't exercise at all.* Health rules, which are supposed to help us live longer and better, have become a source of pressure, guilt, and stress. This is not a healthy situation.

But guess what? As a surgeon and a psychologist, we've come to believe what you may have suspected all along: These rules are a little ridiculous. They are unrealistic, and their scientific foundation ▶



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Time For You / Pretty Healthy

is often shaky. Worst of all, these health rules can mislead you into halfway believing that if you do all the right things, you can escape not just run-of-the-mill illnesses but death itself. This way of thinking leads to distorted priorities: Instead of trying to be healthy so that you can enjoy life, you squander your happiness in the pursuit of more health. But we can't stop death, not even with oat bran. Bleak news, yes. When you realize, though, that health is not under your total control, a lot of guilt and stress slide off your shoulders, and you can trade in your illusion of becoming perfectly healthy for something much more fun: being pretty healthy.

Pretty healthy means, first of all, that your health habits contribute to—and don't distract from—your enjoyment of life. When you're pretty healthy, you live in such a way that you don't bring untimely disability or death upon yourself. You have

sufficient supplies of energy, and you don't obsess about the state of your body or your mind. Although you may suffer from illness now and then, you still take pleasure in life most of the time and possess the general sense that you can cope with the challenges that come your way.

In our research, we've found that health habits tend to form U-shaped curves, with serious neglect on one end of the curve and obsession on the other. Both extremes are associated with poor health. If you are very overweight or very underweight, it's hard to be pretty healthy. If you have prolonged, uncontrollable stress, you're not pretty healthy—but you're not if you completely avoid stress, either. Women who never see the doctor are not pretty healthy, but neither are women who submit themselves to every medical screening available. And so on.

But in between the extreme ends of the U-shaped curve is a very large area. We

call this area the Pretty Healthy Zone, because the behaviors here all seem to be conducive to a pretty healthy life. Good news: Most of your current lifestyle habits probably fall into this pretty healthy range already. The Pretty Healthy Zone does not include extremely challenging behaviors (such as sticking to a low-fat diet) or involve maintaining a state of perfect balance (in which you experience just enough stress—but not too much!). Instead, the Pretty Healthy Zone allows you to relax in the knowledge that the normal variations we all experience—drinking mocha lattes, losing sleep, working late instead of exercising, and even eating Cheetos—can be part of a pretty healthy life. What you do on a particular day or week is less important than the patterns you create over the long term, and a healthy life can and should be enjoyable. If you aspire to be imperfectly (but happily) healthy, read on.

How much sleep do you really need?

SLEEP



We hear it all the time: Get eight straight hours of sleep a night. Where did this prescription come from? The study most often cited in support

of the eight-hour claim was performed in 1993 by Thomas Wehr, M.D., at the National Institutes of Health in Bethesda, MD. In this study, 16 volunteers lay in bed in a darkened room for 14 straight hours a day for four weeks. At first, the volunteers slept more than 12 hours a day on average. After a few weeks, most reduced their sleep time to somewhere between seven-and-a-half and nine hours. Wehr concluded that this is the optimal amount of sleep.

There is another way to interpret this study, however. Does the amount of sleep we get under ideal conditions—perfect



HAIR AND MAKEUP: NIKKI WANG FOR NIKKI WANG.COM; WARDROBE STYLIST: KATY ROBBINS; PROP STYLIST: MOLLY FITZSIMONS FOR BIGLEO.COM; THIS PAGE, TOP AND BOTTOM: VICTORIA'S SECRET; EARRINGS: HELEN FICALORA; PREVIOUS SPREAD: TOP: VICTORIA'S SECRET; PANTS: ZOBHA; EARRINGS: HELEN FICALORA.

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2. AVEENO® Skin Relief Moisturizing Lotion

The winter months present a unique set of skin care challenges—dryness, discomfort, flaking, roughness, and itchiness. AVEENO® Skin Relief Moisturizing Lotion combats all 5 symptoms of winter skin with a patented triple oat formula with shea butter extract which goes to work immediately and moisturizes for 24 hours. It's luxuriously rich, yet fast-absorbing and suitable for sensitive skin. With AVEENO®, now you can be comfortable in your own skin all season long.

3. COVERGIRL Simply Ageless Foundation

Some anti-aging makeup, even a high-end department store brand, can settle in lines and wrinkles and actually make you look older! But COVERGIRL and Olay have teamed up to create a stunning alternative: makeup with an advanced Olay Regenerist serum inside. Simply Ageless Foundation stays suspended over fine lines and wrinkles to create flawless coverage—for a more amazing you! See more at covergirl.com.

4. OLAY REGENERIST

For firmer looking skin—protect, don't just correct. New Olay Regenerist DNA superstructure UV cream hydrates to help rebuild skin's firmness while at the same time blocks up to 98% of burning UV rays to help protect DNA* without the \$200+ price tag. Learn more at Olay.com.
*Helps block direct DNA damaging rays

5. GARNIER NUTRITIONISTE Ultra-Lift Pro Dual Eye

Two Problems. One Solution. Now, fight deep wrinkles and puffiness with NEW Ultra-Lift Pro Dual Eye from Garnier Nutritioniste. The lifting cream smoothes deep wrinkles, while the refreshing gel deflates puffiness. Learn more at garnier.com.

6. REVLO N ColorStay Ultimate™ Liquid Lipstick

Revlon introduces the first and only food-proof lipstick with patented ColorStay™ technology and conditioning topcoat built right in. Food-proof, comfortable wear for up to 12 hours, all in one step. Learn more at revlon.com.

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Time For You / Pretty Healthy

silence and darkness, with lots of time to relax—reflect how much sleep we really need? Imagine if you were put in front of a banquet of delicious food and told that you had to stay there for several hours with nothing to do but eat. How much would you eat? More than you usually would? More, perhaps, than you should? You can see where we're going with this analogy. This research doesn't necessarily tell us how much sleep is crucial for good health. It indicates only how many hours people will sleep when there's nothing else to do.

You're the only person who knows what it's like to inhabit your body. If you've always needed 10 hours of sleep and feel terrible without it, use that information. Don't stumble around exhausted and miserable because a study tells you that eight hours is best. Conversely, if you

feel great on six hours of sleep, go for it.

How much sleep you need can also change over a lifetime. You may need a lot of sleep during adolescence, less in your 20s and 30s, and even less after menopause. During early motherhood and perimenopause, outside forces such as crying babies and hot flashes might limit how much sleep you get. But these phases don't last forever, and most women do not develop serious health problems as a result of going through them. In fact, keep in mind that if you have insomnia on one particular night, or even for a whole week's worth of nights, research shows that the number of sleep hours we get over the course of the year usually averages out to a normal amount. Just do your best to get the sleep you can and try not to let the eight-hour sleep myth keep you up at night!

Pretty Healthy Sleep Solutions

If you're not getting as much sleep as your body needs—say, you're constantly yawning, irritable, unfocused, and physically exhausted—then it's time to tweak your habits.

Start with these tried-and-true tips, which we've ordered from easiest to more challenging:

- ◆ Keep your bedroom cooler.
- ◆ Watch television, work, and read somewhere other than your bed.
- ◆ Don't eat a big meal just before bedtime.

If your sleep still needs improvement after a few days, add these steps, one at a time:

- ◆ Expose yourself to 30 minutes of sunlight every day, whether you're outside or just near a window.
- ◆ Don't drink caffeine after 4 p.m.
- ◆ Limit yourself to one glass of alcohol in the evening. (Alcohol can help you fall asleep faster, but it disrupts your sleep later on.)
- ◆ Exercise during the day—not before bed, because your body temperature will be too high to induce sleep.
- ◆ Avoid disturbing books or television shows before bed, including the news. (We won't tell you not to stay up late watching TV. This seems unfair. After 16 straight hours of working and caregiving, women aren't allowed to unwind in front of *The Daily Show*?)

Then, if you need to, move on to the hard stuff:

- ◆ Go to sleep and wake up at the same time every day.
- ◆ Get out of bed when you can't sleep.

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Fight winter dryness with two separate ribbons. As the white ribbon cleanses, the purple ribbon, with rich jojoba, moisturizes continuously to leave your skin satiny smooth. Goodbye dry winter skin.



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ribbons body wash

Why you should bless your stress

STRESS



Although relaxation ought to be, um, relaxing, stress management has somehow become yet another pressing item on our to-do lists. We're made to feel like failures if we can't live in a state of balance. But stress is good. Great, even. The discomfort of stress is a sign that you are tackling life's problems head-on. Stress also improves productivity and performance—at work, at the gym—and your body will be stronger if you alternate periods of calm and heart-pounding excitement. Once stress reaches a certain level, however, productivity goes down. Too much stress can lead to sleep problems and irritability and, over the long term, is linked to high blood pressure and a weakened immune system.

If you want a pretty healthy life, your goal is not to completely avoid stress and lounge in your pj's all day. Not only is the couch-potato life boring, it's a classic sign of clinical depression. Your goal is to bring on a reasonable amount of challenge and excitement—and amass a repertoire of strategies to keep you from being overwhelmed when life throws you a few too many curveballs. (See the box on the next page for some suggestions.)

Know this: Sometimes stress will get the better of you. A crucial aspect of stress management is self-acceptance—knowing that you are, for example, a stress eater. There may be days when you are so frustrated that you eat a pound of fettuccine Alfredo. It happens. Do what you can to prevent these reactions—meditate, keep a food diary—and then move on.



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Pretty Healthy Stress Solutions

Some of our favorite stress-management techniques:

Ask for what you need. You have to stop feeling guilty or weak for relying on others. Remember: When you ask for help, you're giving your friends or family the gift of being needed. Conversely, just say no to requests that will only boost your anxiety levels.

Meditation. People get nervous about trying this, but it's not hard. Really. First, find a quiet place to sit. Then think of a mantra, which is a sound, word, or phrase that has a peaceful or neutral meaning to you. The classic mantra is "om," but you can also try "stillness," or "calm blue ocean," or anything that feels right. Breathe in and say your mantra to yourself; exhale and say it again. Repeat this for 15 to 20 minutes, trying to focus on your mantra. Your attention will wander, and that's okay; gently bring it back to your mantra. That's it! And it's so worth it: Meditation evokes your body's relaxation response—meaning it physically calms you down, helps you tune out stress and other distractions, and even lowers your blood pressure.

Deep breathing. Mentally count "one, two, three, four" while you inhale deeply. When you exhale, count "four, three, two, one."

Guided imagery. Imagine yourself in a calming situation—say, a field of wildflowers or a beach. Use each of your senses to put yourself fully into the scene. Can you smell the flowers? Is the water warm against your toes?

Keep a journal. Expressing your emotions in writing can be highly beneficial to your health and happiness, studies show.

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What exercise will (and won't) do for you

EXERCISE



For many of us, exercise induces the same feelings of righteousness that other people get from going to church—and if we don't exercise, we feel morally inferior. But it's not religion. It's not even a good deed. It's just exercise.

Yes, there are hundreds of studies showing that people who exercise are healthier in many ways. However, it's easy to jump from "exercise appears to reduce our risk factors for certain diseases" to "exercise has been proven to stop all disease" and then on to "if you get sick, it's your own damned fault for not exercising." This is why so many women either become obsessed with exercise or toss up their hands and give up altogether. People who work out do seem to have lower rates of heart disease and certain cancers, including breast cancer. But they also tend to have other healthy habits: They eat well, weigh less, don't smoke, and report less stress. So we don't really know whether exercise makes people healthier or whether healthy people tend to exercise more. What

we do know: Exercise has great potential benefits and a lower side-effect profile than most heart medications.

Doesn't physical activity help us take off the pounds? Sadly, not for most of us. A study published in the *Archives of Internal Medicine* showed that exercise alone did not lead to weight loss except at fairly high levels—say, jogging 20 miles per week—and even then, the subjects lost only about 4 percent of their weight. One reason: Exercise makes you hungry. One year, for instance, Susan ran a half marathon. Afterward, she had a burger, fries, and a beer—and downed more calories than she burned during the race.

You can see this as depressing news, or you can find it liberating. Now that you know exercise doesn't usually lead to weight loss, you can relax and enjoy your workouts for other reasons. (See the box to the right.)

On the other hand, are you relatively young, healthy, and busy? Well... then *not* exercising might be a reasonable choice for you. Women's lives occur in phases, and some phases—especially young motherhood, career-building, and caregiving—allow less time for self-maintenance than others. The general consensus on how much exercise you should get is 30 minutes of moderate activity or 20 minutes of more intense activity, most days of the week. There will be times in your life when 20 to 30 minutes of activity is more than you can do in a week, let alone a day.

You can certainly choose to wait out a difficult time of life. But exercise is not an either/or proposition. Quite a few studies show the benefits of supershort workouts. You could probably sprint across the yard every now and then, right? (Note that we said "sprint," not "lope.") How about running up and down the stairs or doing push-ups while the coffee brews?

When your schedule allows, you can resume more conventional workouts. For now, relax. You're probably pretty healthy already, just as you are.

Pretty Healthy Exercise Solutions

It might not help you lose weight, but there are many other terrific reasons to work out. (Really.)

Boost your mood. Do you suffer from depression, anxiety, or insomnia? Regular workouts may be able to pull you through a difficult time. Exercise has been found to be just as effective as medication in reducing severe to moderate depression, for instance. And in one study, panic-attack sufferers who worked out found more relief from their symptoms than those who took an antianxiety medication or a placebo. Research also shows that exercise during the day can lead to better sleep at night.

Improve existing health concerns.

Though it's unclear whether exercise can improve your odds of avoiding cardiovascular problems down the road, it makes sense to try it if you have risk factors for heart disease. So if you're obese and/or you have high blood sugar, we hope you'll do something to get moving. (Anything—even a 10-minute walk at lunch—is better than nothing.)

Be stronger and more independent.

When you can't carry your groceries, shovel snow, or raise your garage door by hand when the remote breaks, you lose some of your independence. In these situations, weight training can help.

Women are also told to lift weights to increase bone density so we can avoid osteoporosis. There is more to osteoporosis than bone density, however. The quality and micro-architecture of the bone are also important, as are your overall weight (being thin is the number-one predictor of osteoporosis) and genes. You can't store up extra bone density when you're young and then "spend" it when you're older. You don't want to go into menopause with weak bones if you can help it, but any real-life weight training you're doing—lifting children, hauling the garbage out—should be plenty.



With the help of **SYMBICORT,** I know my asthma is under control

9 It helps control my asthma symptoms day and night and starts opening my airways within 15 minutes.* Importantly, SYMBICORT won't replace a rescue inhaler for sudden symptoms.

And SYMBICORT combines two medicines to help control inflammation and constriction. So I'm breathing more freely, and that feels good to me.

If your asthma symptoms keep coming back, ask your health care professional if SYMBICORT is right for you.

*Your results may vary.



IMPORTANT SAFETY INFORMATION

Prescription SYMBICORT is a controller medicine for the long-term maintenance treatment of asthma. SYMBICORT is for people 12 years and older whose doctor has decided are not well controlled on another asthma-controller medicine or who need two asthma-controller medicines. SYMBICORT is not for the treatment of sudden asthma symptoms.

SYMBICORT contains formoterol, a long-acting beta₂-agonist (LABA). Medicines containing LABAs may increase the chance of asthma-related death. So, SYMBICORT should be used only if your health care professional decides another asthma-controller medicine alone does not control your asthma or you need two controller medicines.

While taking SYMBICORT, never use another medicine containing a LABA. SYMBICORT won't replace rescue inhalers for sudden asthma symptoms. Do not use SYMBICORT more than twice a day.

If you are taking SYMBICORT, see your health care professional if your asthma does not improve or gets worse.

Some people may experience increased blood pressure, heart rate, or change in heart rhythm. Tell your doctor if you have a heart condition or high blood pressure. If you are switching to SYMBICORT from an oral corticosteroid, follow your doctor's instructions to avoid health risks when you stop using oral corticosteroids.

Avoid exposure to infections such as chicken pox or measles. Tell your health care professional immediately if you are exposed. In clinical studies, common side effects included nose and throat irritation, headache, upper respiratory tract infection, sore throat, sinusitis, and stomach discomfort.

Please see Important Product Information on adjacent page and discuss with your doctor.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

**For more information, go to MySymbicort.com
or call 1-888-777-4350.**

*If you're without prescription coverage and can't afford your medication, AstraZeneca may be able to help.
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IMPORTANT INFORMATION ABOUT SYMBICORT

Please read this summary carefully and then ask your doctor about SYMBICORT.

No advertisement can provide all the information needed to determine if a drug is right for you or take the place of careful discussions with your health care professional. Only your health care professional has the training to weigh the risks and benefits of a prescription drug.

WHAT IS THE MOST IMPORTANT INFORMATION I SHOULD KNOW ABOUT SYMBICORT?

- In patients with asthma, long-acting beta₂-agonist (LABA) medicines, such as formoterol (one of the medicines in SYMBICORT), may increase the chance of death from asthma problems. In a large asthma study, more patients who used another LABA medicine died from asthma problems, compared with patients who did not use that LABA medicine. Talk with your health care professional about this risk and the benefits of treating your asthma with SYMBICORT.
- SYMBICORT does not relieve sudden symptoms, so you should always have a fast-acting inhaler (short-acting beta₂-agonist medicine) with you. If you do not have this type of inhaler, talk with your health care professional to have one prescribed for you.
- Get emergency medical care if your breathing problems worsen quickly and your fast-acting inhaler does not relieve them.
- Do not stop using SYMBICORT unless your health care professional tells you to stop because your symptoms might get worse.

WHAT IS SYMBICORT?

SYMBICORT is an inhaled prescription medicine for long-term maintenance treatment, taken twice a day, every day, to control asthma in patients 12 years and older. It will not replace your fast-acting inhaler for relief of sudden asthma symptoms.

SYMBICORT contains two medicines:

- Budesonide (the same medicine found in PULMICORT TURBUHALER® [budesonide inhalation powder], PULMICORT FLEXHALER™ [budesonide inhalation powder]), an inhaled corticosteroid medicine, or ICS. ICS medicines help to decrease inflammation in the lungs. Inflammation in the lungs can lead to asthma symptoms.
- Formoterol (the same medicine found in Foradil® Aerolizer®) is a long-acting beta₂-agonist medicine, or LABA. LABA medicines help the muscles in the airways of the lungs stay relaxed to prevent asthma symptoms, such as wheezing and shortness of breath. These symptoms can happen when the muscles in the airways tighten, which, in severe cases, can cause breathing to stop completely if not treated right away.

WHO SHOULD NOT TAKE SYMBICORT?

You should NOT take SYMBICORT if your health care professional:

- decides that your asthma is well controlled using another asthma-controller medicine
- you only use a fast-acting inhaler less than twice a week

WHAT SHOULD I TELL MY HEALTH CARE PROFESSIONAL BEFORE USING SYMBICORT?

Tell your health care professional about all of your health conditions, including if you

- have heart problems
- have high blood pressure
- have seizures
- have thyroid problems
- have diabetes
- have liver problems
- have been on an oral steroid, like prednisone
- have osteoporosis
- have an immune system problem or have been exposed to chicken pox or measles
- have tuberculosis or other infections
- are pregnant or planning to become pregnant because it is not known if SYMBICORT may harm your unborn baby
- are breast-feeding because it is not known if SYMBICORT passes into your milk and if it can harm your baby

Tell your health care professional about ALL the medicines you are taking, including all your prescription and nonprescription medicines, vitamins, and herbal supplements.

SYMBICORT and certain other medicines may interact with each other and can cause serious side effects. So be sure to keep track of ALL the medication you take. You might want to make a list and show it to your health care professional, including your pharmacist, each time you get any new medicine, just to ensure there are no potential drug interactions.

HOW DO I USE SYMBICORT?

Do not use SYMBICORT unless your health care professional has carefully demonstrated how to do so. If you have any questions concerning the use of SYMBICORT, ask your health care professional.

SYMBICORT should be taken twice every day as prescribed by your health care professional.

SYMBICORT comes in two strengths. Your health care professional will prescribe the strength that is best for you.

When you use SYMBICORT, make sure you

- use SYMBICORT exactly as prescribed
- take two puffs of SYMBICORT in the morning and two puffs in the evening every day. If you miss a dose of SYMBICORT, you should take your next dose at the same time you normally do
- do not take SYMBICORT more often or use more puffs than you have been prescribed
- rinse your mouth with water after each dose (two puffs) of SYMBICORT without swallowing
- do not change or stop any of the medicines you use to control or treat your breathing problems. Your health care professional will adjust your medicines as needed
- always have a fast-acting inhaler with you. Use it if you have breathing problems between doses of SYMBICORT

Seek emergency medical care if

- your breathing problems worsen quickly and your fast-acting inhaler does not relieve your breathing problems
- you experience any symptoms of a serious allergic reaction to SYMBICORT, such as a rash; hives; swelling of the face, mouth, tongue; and breathing problems

Contact your health care professional if

- you need to use your fast-acting inhaler more often than usual
- your fast-acting inhaler does not work as well for you at relieving symptoms
- you need to use four or more inhalations of your fast-acting inhaler for 2 or more days in a row
- you use up your entire fast-acting inhaler canister within 8 weeks
- your peak-flow meter results decrease. Your health care professional will tell you the numbers that are right for you
- your asthma symptoms do not improve after using SYMBICORT regularly for 1 week

WHAT MEDICATIONS SHOULD I NOT TAKE WHEN USING SYMBICORT?

While you are using SYMBICORT, do NOT use other medicines that contain a long-acting beta₂-agonist (LABA) for any reason, such as

- Serevent® Diskus® (salmeterol xinafoate inhalation powder)
- Advair Diskus® or Advair® HFA (fluticasone propionate and salmeterol)
- Foradil® Aerolizer® (formoterol fumarate inhalation powder)

WHAT ARE OTHER IMPORTANT SAFETY CONSIDERATIONS WITH SYMBICORT?

- Cardiovascular and central nervous system effects of LABAs, such as chest pain, increased blood pressure, fast or irregular heartbeat, tremor, or nervousness
- Immune system effects and a higher chance for infections
- Osteoporosis. People at risk for increased bone loss may have a greater risk with SYMBICORT
- Slowed growth in children. As a result, growth should be carefully monitored
- Eye problems, such as glaucoma and cataracts. Regular eye exams should be considered while using SYMBICORT

WHAT ARE OTHER POSSIBLE SIDE EFFECTS WITH SYMBICORT?

- Nose and throat irritation
- Headache
- Upper respiratory tract infection
- Sore throat
- Sinusitis
- Stomach discomfort
- Oral thrush

Tell your health care professional about any side effect that bothers you or that does not go away. These are not all the side effects with SYMBICORT. Ask your health care professional for more information.

NOTE: This summary provides important information about SYMBICORT. For more information, please ask your doctor or health care professional about the full Prescribing Information and discuss it with him or her.

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Style Scoop

Irresistible ideas for
looking your best



Sunscreen in the wintertime isn't only for people hitting the slopes; it's for everyone, every day. "While the sun's burning UVB rays are less intense in winter, there are just as many UVA rays, which cause wrinkles and are linked to melanoma," says David E. Bank, M.D., a dermatologist in Mount Kisco, NY. But make sure your off-season sunscreen doesn't skimp where it counts: Many sunscreens that claim "broad-spectrum" protection actually contain only a small amount of UVA blocker. Look for one of these ingredients on the label to make sure you're bringing your UVA-game: zinc oxide, titanium dioxide, or avobenzone, which are found in many brands; Mexoryl, a proprietary ingredient for the L'Oréal companies (including La Roche-Posay, Lancôme, and Vichy); or Helioplex, a Neutrogena-specific ingredient.

Trend
Flash!

Bubbly chic

Infused as an ingredient or worn as a shimmering shade, champagne gets us a little giddy.

Clockwise from top left: Maybelline Color Sensational Lip Gloss in Sandstone Shimmer, \$6.50. Revlon ColorStay Brow Enhancer in Light Brown/Champagne, \$9. Love Tease champagne dress, \$59; Macy's. Sequin ribbon pearl necklace, \$148; 212-398-7363. Kate Spade Darling Point crystal saucer champagne glass, \$75 for a set of two; katespade.com. Windsor cluster ring, \$9; windsorstore.com. Tarte Celebutante Moisturizing Dry Oil Spray, \$28; sephora.com. Veuve Clicquot-inspired Fresh Citron de Vigne eau de parfum, \$75; fresh.com. Pink champagne-infused Too Faced Lip of Luxury in Pink Flamingo, \$18; toofaced.com. Sequin pink pearl necklace, \$69; 212-398-7363. Talbots "Pave Fireball" bracelet, \$49; talbots.com. Liliana rhinestone heels, \$50; windsorstore.com. Girlactik eyeshadow in Golda, \$16; girlactik.com.

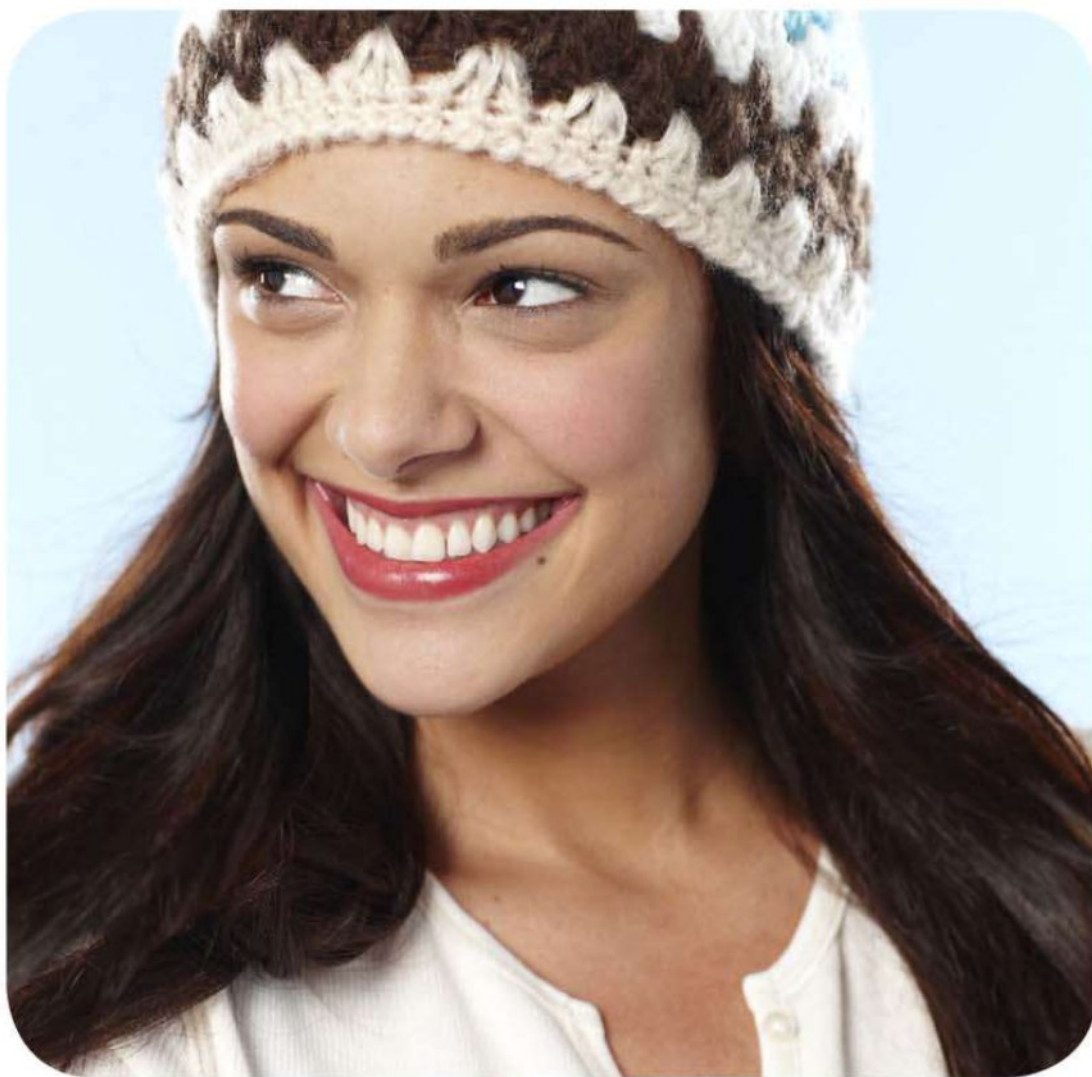
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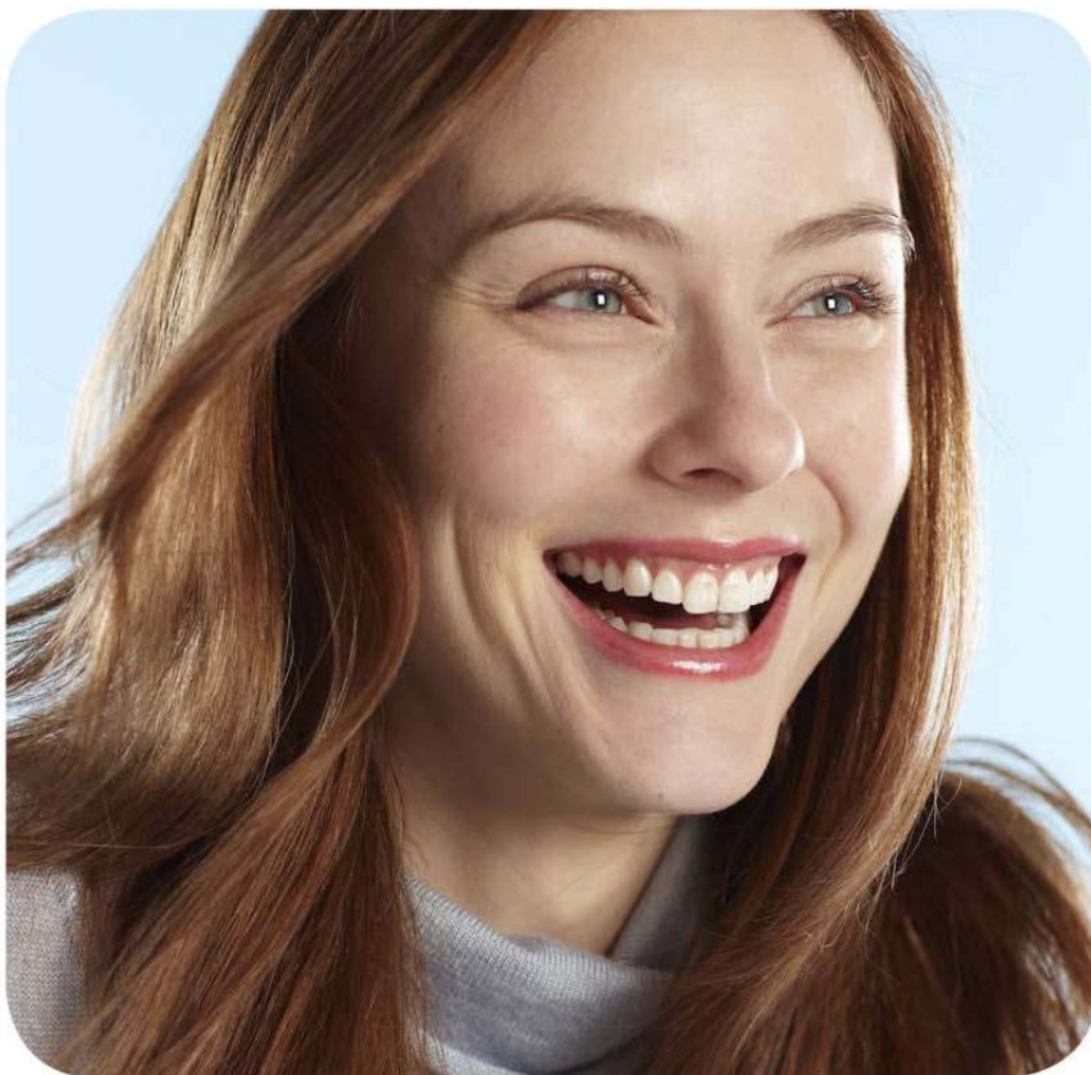
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Last for hours...

with this month's MVP. Mark Gloss Gorgeous Stay-On Lip Stains, \$9 each (here in Bare Naturelle), have the subtle color and sheen of a gloss with the endurance of a stain, so your lips will still shine at the stroke of midnight.

Celebrate Life.

From the founder of the haute boutique chain Space NK comes Life NK, a bath, body, and home collection that will tickle both your nose and your fancy. Prices range from \$15 to \$30.



Check this out.

The OPI Suede collection is nail polish with a matte, "Can I touch it?" finish. Here, We'll Always Have Paris—Suede, \$8.50.

Beauty V List

The one to-do list you'll want to do.



Picture the City of Light.

The playful illustrations on the Bourjois Rendez-vous à Paris eyeshadows, \$14 each, are like a stroll through the colorful streets of Paris.

Repair your hair.

Alterna Caviar White Truffle Hair Elixir, \$26, is the secret ingredient in your recipe for strong, soft strands. Add a few drops of this B-vitamin booster to any shampoo, conditioner, or styling product.

Enjoy your underarms.

With a fantastic scent and a clever name, Soap & Glory's One Pit Wonder, \$6, turns deodorant application into an entertaining experience.



Style Scoop

One-Stop Shopping

While you're stocking up on household essentials at **Costco**, outfit yourself in winter-weekend wear.



Forget oversize containers and massive quantities—there's a whole other reason to head to Costco: a great selection of apparel and accessories from classic department-store brands. The best part? Clothing like jeans, jackets, and jogging pants, though sold individually, still go for the bulk retailer's signature rock-bottom prices.

Zip-up jacket, \$20. Button-down blouse, \$17. Boot-cut jeans, costco.com for info. Shearling boots, \$29 to \$37. All available at select Costco stores; visit costco.com for locations.

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BRING
OUT
THE

You

IN
YOU

This may look like a traditional makeover story, but it's quite the opposite. Instead of changing what these women don't like about their looks, we're celebrating what they love. The supremely positive Carmindy shows us how.

BY KRISTA BENNETT DEMAIO
PHOTOGRAPHED BY TROY WORD



DRESS: LELA ROSE. EARRINGS: MODEL'S OWN.

Carmindy, the makeup artist on TLC's *What Not to Wear* and the cocreator of *Sally Hansen Natural Beauty* Inspired by Carmindy, offers confidence-boosting beauty tips.

CARMINDY ON finding your best feature:

Start without the mirror. "Close your eyes and visualize your face. Shut out any negative voices and concentrate on one thing you've always liked about your looks."

"I thought everyone had 'cheeky' cheeks when they smiled. I didn't realize how beautiful mine were." —Kathleen

CHEEKS

Kathleen Ruggiero, 28, has juicy apple-like cheeks that come alive when she smiles. Carmindy maximized their round shape by applying a shimmering highlighter (try a powder or a cream) in a C formation from the temple around the top of the cheekbones. Carmindy told Kathleen to smile to find the right spot, then dusted the fleshy part of her cheeks with a soft pink shade that mimics the color of Kathleen's natural flush.



Star product: Nars the Multiple in Luxor, \$37, an all-over highlighting stick.

Sneak a peek.

"When in front of a mirror, turn away and then glance quickly at yourself. What's the first thing that stands out?"

Get a second opinion.

"Ask friends and family members what they love about your face. Chances are they've said it many times before and you just didn't hear it."

Style Scoop

CARMINDY ON appreciating what's unique:

Broaden your beauty horizons.

"Traveling helps me find inspiration as a makeup artist. Every culture has a different definition of what beauty is. There's no 'ideal,' and looking toward other cultures is the best way to see that."

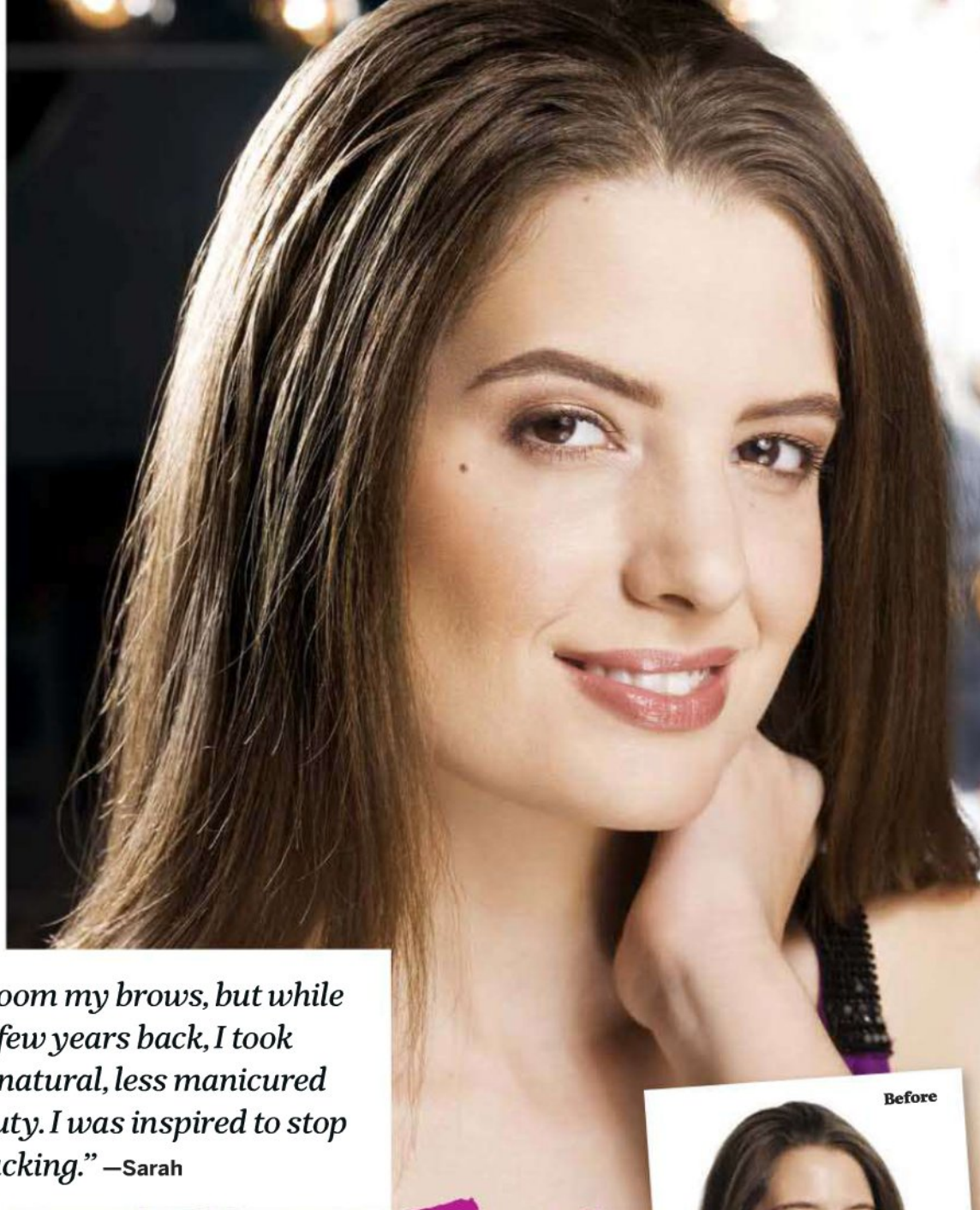
Don't compare and despair.

"It's tedious and toxic. There will always be someone more 'this' and someone less 'that.' Don't waste another minute keeping score."

"I used to overgroom my brows, but while living in Spain a few years back, I took note of the more natural, less manicured approach to beauty. I was inspired to stop the excessive plucking." —Sarah

Stop and smell the roses... and lilies, and orchids.

"Think of people as flowers. All flowers are interesting and beautiful. A cactus flower is just as pretty as rose."



EYEBROWS

Sarah Johnson, 27, loves her strong brows. "Sarah's natural shape is amazing," agrees Carmindy, who says that keeping them well defined will give them even more presence. Carmindy did a quick cleanup by brushing Sarah's brows upward and trimming any long hairs. To prevent overtweezing, Carmindy suggests tracing your brow line with a white eye pencil, then plucking only the hairs that fall outside the white. Since no two brows grow the same, adjust the shape of each to make them symmetrical, as necessary, with a creamy brow filler applied with an angled brush.



Star product: Make Up For Ever Waterproof Eye Brow Corrector in No. 3, \$19.

TOPS: C&C (BEFORE), ELLA MOSS (AFTER).



CARMINDY ON spreading the love:

Pay it forward.

"Compliments are contagious. If you notice a stranger with gorgeous lashes or glowing skin, tell her! You'll make her day, which in turn will make you feel good too."

Say thank you.

"Don't dismiss a compliment when you receive one yourself. Pay attention to the positive observations of others and believe them."

"I think of myself as pretty, but I don't spend a lot of time focusing on my looks. After an entire day looking at myself and having others do the same, I was reminded that being attractive is something I need to own and enjoy for me." —Sarasvati

Before



LIPS

Sarasvati Muñoz, 36, has gorgeous, full lips. Carmindy called attention to her cupid's bow by lining it with a champagne-colored liner, then blending it with her finger. "When you have full lips and darker skin, you can pull off bold color," says Carmindy, who chose a deep rose shade for Sarasvati. The trick is to use a slightly moist formula, like a satin or creamy-matte finish—not a gloss, which can be overwhelming on full lips.

Star product: Jane Iredale Eye Highlighter Pencil, \$15, can be used on lips too.

Be your own celebrity.

"The actual definition of *celebrity* is 'one who is celebrated.' So start celebrating yourself. Tell yourself, 'I am the best possible me today.'"

**CARMINDY ON
giving yourself
a boost:**

Switch to positive language. "Words are incredibly powerful, and negative words can really do a number on your self-esteem. Beauty books often tell us how to 'fix sallowness' or 'make close-set eyes look wider,' but doesn't it sound better to hear how to 'make your bedroom eyes sparkle'?"

"Wow, I finally know what poets are talking about when they describe eyes as 'limpid pools.' All I see is my amazing blue color—not my dark circles." —Christine

Create a mirror mantra. "When you look in the mirror, tell yourself that you have beautiful eyes or gorgeous skin. It might sound silly at first, but it works."

Banish the "but." "Say, 'I love my skin,' and then stop right there—even if you're tempted to qualify it. Eventually, you'll believe it."

EYES

Christine Keegan, 38, has always been told she has beautiful blue eyes. Carmindy's goal was to make them even more radiant. "Opposites attract," explains Carmindy, so rich brown eyeshadow with a little shimmer really makes blue eyes pop. Another fool-proof way to make eye color stand out: Create the illusion of lighter skin under your eyes by using a pink-tinted brightening powder.

Star product: Sally Hansen Natural Beauty Inspired by Carmindy Instant Definition Eye Shadow Palette in Metallic, \$8, a trio of sultry neutrals.

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DEEP
DOWN

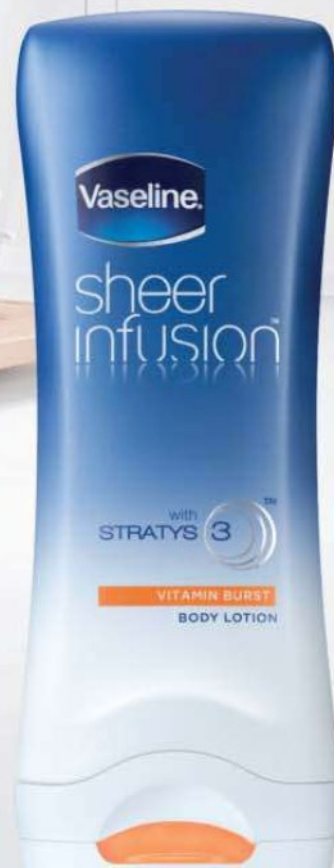
Some body lotions sit on top of your skin*, leaving it feeling tacky. Others sink through quickly and your skin is not thoroughly moisturized.

Vaseline® Sheer Infusion™ with Stratys-3™ infuses and suspends moisture at all layers of your skin for twice the moisture and a silkier feel*.

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* Stratum Corneum (surface skin) versus leading everyday body lotions.

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Blazer, \$139; pants, \$89, both United Colors of Benetton; 800-535-4491 for stores. Print ruffle top, Sisley, \$79; 800-535-4491 for stores. Patent "Tessa" pumps, Sam Edelman, \$139; Akira, Chicago, 773-489-0818. Cluster necklace, Gemma Redux; gemmaredux.com for info. Vintage crystal bracelet, Amanda Pearl, \$148; amandapearl.com. Hobo bag, Accessory Bug, \$30; accessorybug.com.

The New Basics

Move your same-old black suit to the back of the closet. Leave your blue jeans in the dresser drawer. Try these fresh spins on favorite looks, updated with modern silhouettes, colors, and combinations.

THE NEW BASICS
The Easy
Suit

Debbie, 34

A casual,
unstructured
suit looks
relaxed and
polished.

Belted jacket, \$99, cropped pants, \$74, both
Kenneth Cole New York; Bon Ton, L&T (for
jacket), Dillard's, Nordstrom (for pants).
Cowl-neck top, Ann Taylor, \$78; anntaylor.com.
Metallic pumps, Colin Stuart, \$49;
victoriasecret.com. Bracelet, her own.

Photographed by Chris Eckert
Fashion Editor: Audrey Slater

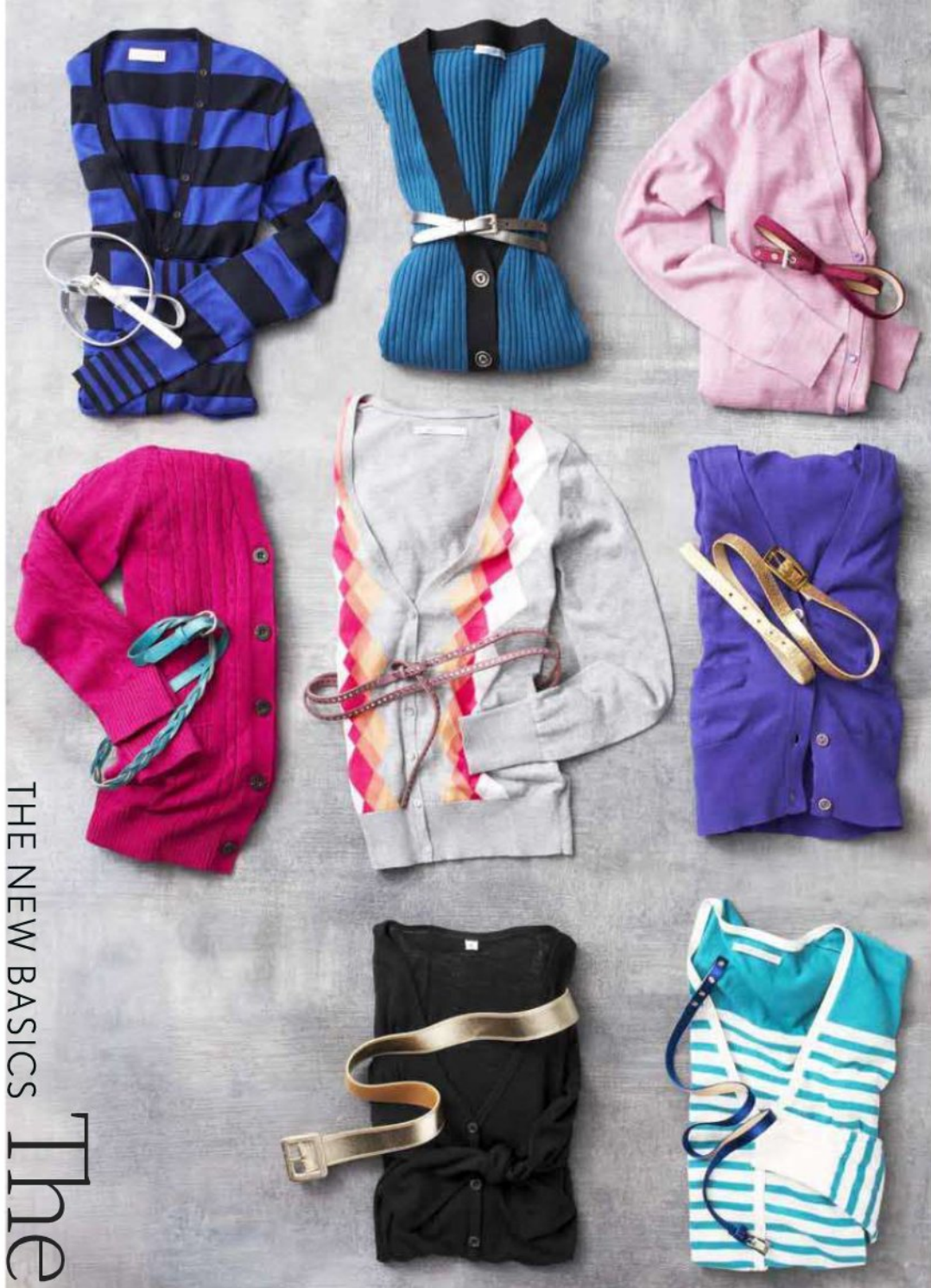
Style Scoop



Left: Cardigan, Ann Taylor, \$88; anntaylor.com. Sheath dress, \$199, and ball necklace, \$69, both Talbots; talbots.com. High-waisted Tight-End tights, Spanx by Sara Blakely, \$38; spanx.com. "Snow Leopard" pumps, White House Black Market, \$98; whitehouseblackmarket.com. Skinny belt, \$20; onestopplus.com. Right: Cardigan, Old Navy, \$30; 800-OLD-NAVY for stores. "Sabrina" top, LAmade, \$58; revolveclothing.com. Knit pants, New York & Company, \$33; nyandcompany.com. "Glimmer" flats, MIA, \$59; miashoes.com. Patent belt, Express, \$30; express.com. Necklaces, Jovana Djuric, \$100 to \$150 each; New York Adorned, 212-473-0007.

Cardigan

THE NEW BASICS The Belted



Consider this the new twin set: Add a belt to a boyfriend cardigan for work or weekend.

Clockwise from top left: Striped cardigan, Martin + Osa, \$80; martin andosa.com. Metallic belt, Forever 21, \$6; forever21.com. Contrast trim cardigan, Silhouettes, \$49; silhouettes.com. Metallic belt, \$34, heather pink cardigan, \$79, satin belt, \$29, all Talbots; talbots.com. "Wimbeldon Plains" cardigan, French Connection, \$98; Anastasia's, Murfreesboro, TN, 615-890-6551. Sequin belt, Apt 9, \$24; kohls.com. Striped cardigan, Old Navy, \$27; 800-OLD-NAVY for stores. Satin belt, Talbots, \$29; talbots.com. "Centerside Cardi" in black, EMU Australia, \$144; Montmartre, NYC, 212-823-9821. Metallic belt, Liz & Co by JCPenney, \$20; JCPenney. "Feel Good" cable cardigan, Lands' End, \$70; landsend.com. Braided belt, Rampage, \$24; rampage.com. Argyle cardigan, Old Navy, \$27; 800-OLD-NAVY for stores. Double-wrap studded belt, French Connection, \$68; frenchconnection.com.

Colored THE NEW BASICS Jeans and Tees



Pair colored jeans with a tissue-thin tee for a bright update on this simple, sexy look.

Clockwise from top left: "Jaime" cropped jeans, Anlo, \$183; Isabella, Memphis, 901-507-3597. "Kayla" tee, Joe's Jeans, \$68; joesjeans.com. "Slim Carpenter" jeans, Vintage Revolution, \$120; vintagerevolutionjeans.com. Tissue tee, Chaser NYC, \$56; Viktor-Viktoria, Milwaukee, 414-479-9860. "Kasey" jeans, Level 99, \$110; level99usa.com. Tissue V-neck tee, Monrow, \$63; Curve LA & NY. "Jaime" jeans, Anlo, \$183; Pearsons, Spartanburg, SC, 864-573-6545. Embellished tee, New York & Company, \$33; nyandcompany.com. Skinny jeans, Levi's, \$70; levi.com. Beaded circle tee, Loft, \$37; loftonline.com. "Diva" jeans, Old Navy, \$30; 800-OLD-NAVY for stores. V-neck tee, LAmade, \$28; revolveclothing.com.



Sheila, 42

Double V-neck tee, Monrow, \$86; Curve LA & NY. Ribbed tank, Cherry Tee, \$20; cherrytee.com. Skinny jeans, New York & Company, \$40; nyandcompany.com. "Colucci" heels, Nina, \$100; ninashoes.com. Necklaces and ring, her own.

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A full-page photograph of a man and a woman jumping joyfully in the air in a grassy backyard. The man, on the left, is wearing a green t-shirt and dark jeans, with his arms reaching up. The woman, on the right, is wearing a white t-shirt and blue jeans, also with her arms reaching up. They are in front of a wooden fence, with trees and a house visible in the background under a cloudy sky.

Your Love Life

Straight talk (and a few laughs)
about men, sex, marriage, and romance

Cause for celebration

◆◆ Turns out it isn't the tough times that bring a couple closer; it's the joyous moments that strengthen your bond. According to a study from the University of California–Santa Barbara, those who react enthusiastically to their partner's big and small successes—from running a 10K to finally painting the bathroom—have the happiest, most trusting, and most committed relationships. “When your partner receives bad news, the best you can do is try to ease his pain,” says Shelly Gable, Ph.D., the lead author of the study. “But when you share in his excitement, it boosts happiness because he feels like his joy is yours too.” Good times!

Your Love Life



Sleep easy

Sharing, though always a loving gesture, inevitably means you get less than you started with. Share a candy bar, you get less of a treat. Share a bed, you get less sleep. In fact, couples who share a bed report 50 percent more sleep disturbances than those who sleep alone. In the interest of better slumber—and a happier relationship—we talked to Paul Rosenblatt, Ph.D., who interviewed couples about their bed-sharing habits for his book *Two in a Bed*. “There are an endless amount of issues that couples face,” Rosenblatt says, “whether one person awakens her partner while making bathroom trips, or if she likes her space and he invades her ‘territory.’” As with all relationship issues, sleeping soundly together is about compromise. If you prefer a warm room and he likes chillier temps, give him the sheet and claim the comforter. If he watches television and you like silence, set the shut-off timer on the TV. After all, being able to sleep soundly and cuddle with your guy makes it worth the sacrifice. —Nicole Yorio

Love Bites

LIE TO ME ➔

The most common

lie told by both men and women is

“Nothing is wrong,” according to a new study of 2,000 Brits. We’ll admit it—we’re guilty as charged!

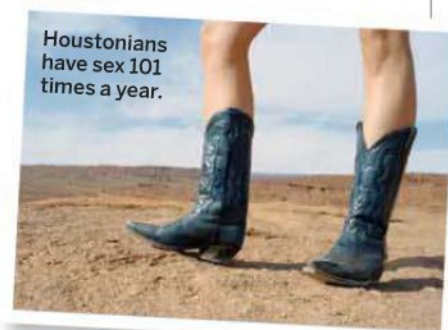
Sex and the cities

Barbecue’s not the only thing that’s hot in Houston. According to Trojan’s 2009 States of Pleasure Survey of 1,000 adults, the Texas city’s residents average 101 rolls in the hay per year, plenty more than the American average of 79. Another hot spot is Atlanta, whose denizens rank second in most



73%
of Atlantans feel sexually satisfied.

annual romps, with 88. And citizens of these sexy cities are also some of the most sexually fulfilled: 73 percent of Atlantans and 70 percent of Houstonians feel satisfied. (New Yorkers are also feeling good, with 71 percent sexually satisfied.) Wondering why your city didn’t rank higher? Better luck next year—now go raise that average! —Lindsey Palmer



Houstonians have sex 101 times a year.

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NEW FOR 2010



before



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-Marie Osmond

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MARIE OSMOND
LOST **50** lbs.*

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*Results not typical.

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How We Stay Close

Leslie Yazel, 39, with
husband Jeremy Egner, 35

“Friends tell me

they feel closest to their husbands during vacation walks on the beach or candlelit dinners. Not me. I feel our marriage bond most when we’re doubled over, laughing hysterically. Cracking each other up lit the first spark of attraction when Jeremy and I worked together in a stressful newsroom—we laughed to cope amid the bad news of the day. In our marriage, humor is the connection that helps us through any tough couple stuff (Are there going to be layoffs at your company? Does this mole look cancerous? Whose family will we see at Christmas?). Laughing together is something we cherish—whether we’re hitting a comedy

club, watching our favorite sitcoms, or just employing ‘homemade’ goofiness: Jeremy’s playing practical jokes at my expense or my fashioning funny scarves for our cats from his boxers. I guess the vision of a cravat-clad tabby is a far cry from a candlelit dinner, but, hey, it works for us!”

**“Humor is our
relationship glue!”**

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 Fitness Group
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Patent Pending



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IMPROVES
POSTURE

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- Dr. Steve Gautreau,
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The
date.night
is *in*



Every couple craves together time, but who says you need to leave your house (and spend a bunch of money) to get it? Here, one slightly dubious duo puts stay-at-home dates to the test. By Mary Rose Almasi

Couples are supposed to have date nights. I get it. It builds intimacy so we'll feel closer and happier. And every six months or so, my husband, Frank, and I have a date—dinner or a movie, then a quick trip to Target—and, yep, it's lots of fun and we promise to do it more often. Then we don't. Because we don't have extra money to go out, and we're too frazzled to plan it, or we're tired, or it's too hard to find a sitter. Or... or... or... ugh.

I get plenty of nods when I rattle off these excuses to the moms at soccer. Still, my closest friend, who knows my marriage issues (just as I know hers), is always urging me to go on regular dates with Frank—and I know she's right. I decided the answer was dates at home. They had to be better than nothing, I told my friend. She was skeptical. I was determined.

Shockingly, my husband was totally into it. Which makes sense, because of course he's just as bored doing nothing together as I am.

The plan was to have one date a week for six weeks. I'm the organizer in the house, so I handled the details. We started our dates after the kids were in bed (my oldest, age 10, turns in at 9 p.m.), which didn't leave much time, but an hour alone, focused on each other, turned out to be enough! Scene-wise, I took the effort and made things look nice, including myself. Low-key works for us; we know that what matters is blocking out time so we can hang out and laugh and be reminded why we love being together. Here's how date-nights-in played out.

DATE 1

Cheese tasting

Cost: \$40 (cheeses, crackers, and a baguette)

SHE SAYS: Okay, it's not like we ate raw snails, but for us, this activity was a risk—we're a

cheddar and more cheddar kind of crowd. So the point was to take some chances. I went to a cheese shop and asked the counter guy to help me pick out several new cheeses—just ¼ pound each, nine in total. I bought plain water crackers so we could really taste the cheese, as well as a baguette for the softer styles. At home, I set up a special atmosphere, with a cocktail shaker and rock glasses and our hardly-ever-used set of fancy cheese knives. We popped green grapes to rinse the cheese taste away between samples. I was proud of myself for going waaay out of my comfort zone to try weird ones I usually wouldn't have, like a stinky Papillon Roquefort and a gooey French Boucheron. Frank tried the really funky ones first, like the Stilton with dried apricot chunks, and when he gave it a thumbs-up, I felt less nervous and loaded a big chunk onto my own cracker. I think he felt good that I trusted his taste buds. We had a lot of bonding, "Piña Colada Song" moments: Who knew my hubby likes goat cheese?

HE SAYS: The way my wife had everything set up made it feel like a special night. We had cocktails with the cheese, which isn't something we normally do at home, so that was a nice touch too. It was fun to test the cheeses together; it was like an adventure, because I didn't know what to expect with every different taste. I was surprised at how many cheeses I liked. This is something I want to do again, even with other foods. It made me feel like I learned something, which was gratifying.

SCORE: ♥ ♥ ♥ ♥ ♥



more date nights in



I was into this until Frank came home with a **1,000-piece** puzzle. That's a lot of jigsaw.

DATE 2

Puzzle challenge Cost: \$13

SHE SAYS: I was into this until Frank came home with a 1,000-piece puzzle. That's a lot of jigsaw! We spent the first hour staring at the pieces and not talking. In fact, we didn't even look at each other because

we were too busy digging through the box of pieces. I was overwhelmed and kind of bored. Even after an hour, we were only able to get 5 percent of it done. To me, this would be a good alternative to a night of TV or mindless Web surfing, because I liked the challenge, but it didn't feel date-y. In retrospect, I should have ordered a smaller puzzle online, maybe a goofy one, like one with naked body parts as a lark. The zany factor would have made it a better time.

HE SAYS: I thought this was fun, but she lost interest about 30 minutes into it. I could tell because she was making her big sigh sounds. She was a trooper and didn't complain, though, and we joked about how much work it was. The time went fast, and I had fun. I'll keep working on it. It took a lot of concentration, and it made me so tired that I fell asleep as soon as I put it away. But it was good to do something different. *[Author's note: A few weeks later, Frank went back and finished the puzzle.]*

SCORE: ♥ ♥ ♥ ♥ ♥

DATE 3

Bubble bath

Cost: \$0 because we already had the supplies.

(Mr. Bubble is \$3.79 at drugstore.com.)

SHE SAYS: I was tired and wanted to stay in my cozy green chair watching fluff on TV. But Frank came to find me and asked me when we were doing our date, and the fact that he was so willing changed my mood. Clearly the dates were already having an impact, because he was asking for them! I hadn't had a chance to buy any luxurious bubble bath, but he suggested we use the Mr. Bubble he found under the sink. He's always good like that—he just rolls with it. We lit a candle and put it on a ledge above the tub, where it glimmered on the water, which was pretty. It was warm and relaxing and we chatted, and the quiet, simple physical contact was nice. And yes, we did the deed. But not in the tub. We're not that bendy anymore.

HE SAYS: Our tub is deep but not that long, so I was squished, but I didn't say anything because it was nice being close. She used to soak, but not since we had kids; doing nothing for that long makes her anxious, so I felt glad she was able to relax and be still.

SCORE: ♥ ♥ ♥ ♥ ♥



DATE 4

Beer tasting Cost: \$30 (for 11 individual bottles)

SHE SAYS: We're beer people, and proud of it, but we've been drinking the same grocery-store brands for a decade, so this seemed like a much-needed adventure. I shopped at the local beer distributor, where I knew I could buy single bottles. We pulled bottles out of the cooler at random, and each new flavor

was a fun surprise. I liked a lot of the brews we sampled: the imported Belgian ale and German malt liquor, and an India Pale Ale; we saved the labels from our favorites. We did a lot of laughing and chatting. (We never just sit and chat—a normal night for us is me watching crap TV in one room and Frank watching the History Channel in another.) We ate leftover cheese and crackers from our other date night—no need to be wasteful, right?—and we drank only a few gulps from each bottle because we didn't want to have headaches in the morning. So the extra beer went down the drain, which, according to my father-in-law, is good for the septic fields, so I don't feel guilty.

HE SAYS: This was fun because it was something I'd never done or even thought to do. Most of the beers were micro-brews whose bottles had unusual labels, with illustrations like alligators or pink elephants and stories about the beers and how they're made. My wife and I both like art, and we both like to cook, so we were interested in that sort of thing. Midway through, I emailed a photo of all the bottles to the guys at work to show them how my wife and I were spending our night. I did polish off a few of the bottles while we sat and talked. The extra beer made me tired and I fell asleep after, which is funny, because of any date you'd think you'll get some action with your wife, it would be a beer tasting. Still, it was a great night.

SCORE: ♥♥♥♥♥

DATE 5

Game night—Battleship

Cost: \$0 because we own it. (\$18 on amazon.com)

SHE SAYS: So fun! We wanted to play a game because it seemed doable in an hour. I loved Battleship as a kid, and so did he, so I stole it from my son's closet. I had to squint to play it, which made Frank laugh. The grid on the new version of the game is hard to read! I have a strategy: Put one boat in a corner then cram the rest of the boats together in the center. No one expects that. (Yes, I won, and no, Frank wasn't impressed with my special strategy, but he did laugh at the fact that I was so pleased with myself.) Since it's an easy game, we were able to talk and connect, reminiscing about our first dates and stories from when our kids were babies. So much of that ancient history is fuzzy now, and it was great to fill in the blanks for each other and bring the memories back.

HE SAYS: This took about 35 minutes, which was good because it was a night I didn't want her to stay up too late—because I was hoping to score later. Honestly, that's what I'm always hoping for; what can I say? Mission accomplished.

SCORE: ♥♥♥♥♥



Your Love Life

Massages Cost: \$31

(Aveda massage oil, \$21, and candle, \$10)

SHE SAYS: This was sweet. I bought a nice candle, and made sure to get oil that absorbs, because I know Frank doesn't like the thick, smelly kind. We were both tired, so we agreed to a 15-minute massage each. We turned the lights low and were really able to relax. We chitchatted, getting past our typical daily downloads of our days, and shared more than we usually do about other topics, such as friendships at work and things we'd like to accomplish in the future. We were naked, oily, and shut off from the world, and of course that was sensual, and of course it led to steamy sex, but our brains bonded too, and that's what made this date rock.

DATE 6

HE SAYS: When we were younger, we'd give each other massages with tons of kneading from head to toe. Because we'd both had a long day, this was more like deep back rubs. I forgot how good

and relaxing it felt. My wife has a nice back and I liked touching her skin, which I made sure to tell her, because I don't say those things as often as I should. The oil absorbed, so we didn't need to shower, which was a plus because after the hot sex, I fell right to sleep.

SCORE: ♥♥♥♥♥

THE TAKEAWAY

You know what? Dates at home worked. The mix of activities Frank and I did (and will keep on doing) kept our evenings interesting and fun, and of course we didn't spend as much money as if we'd gone out—also a plus. Since embarking on our at-home dates, we're more balanced, we're more of a team in managing the house and kids, and we're definitely more polite with each other—there's less finger pointing over stuff like piled-up laundry or budgets. I've even noticed that my guy has started slipping his hand into mine when we're doing errands together. That's so not him. Weekly date nights in: a success!



He has a scary ex-wife!

Q It's been over four years since my fiancé and his ex-wife divorced (and she initiated it), and she still can't move on. She makes up lies about our mistreating the kids. She calls me "the b---h" in front of other parents. I don't deserve to be treated like this! We've asked his ex to get counseling, but she says she doesn't need it. What do we do? —S.A., 30, Virginia Beach, VA

The Heart Stuff

BY KAREN KARBO

A No, you don't deserve to be treated like this, but no one ever died from being called a bitch. The ex-wife is behaving badly because, as you said, she hasn't moved on. And, unfortunately, you can't make her, just as you couldn't make her get counseling.

Have a powwow with your fiancé about the best way to keep all dealings with his ex official and evenhanded, leaving as little room for hostility and lunacy as possible. Keeping all communication to email would probably be the best bet. Treat your messages to her as you would a business matter (which it is: the business of scheduling). Make the emails courteous and to the point, and give her plenty of time to respond. No matter how she behaves, whether she calls you 18 times at midnight or texts you like an enraged 14-year-old who's just discovered espresso, respond calmly via email. (You should also archive these emails in case her actions ever make it necessary to involve the authorities.)

You can always count on one thing: Time passes.

Next year you'll all be in a different (hopefully better) place, and his ex will have less energy and interest in stirring things up. Right now, she's angry and hurt. Fortunately, most people can't sustain that forever.

I'm still in love with my ex

Q I am a young mother of two. My older child is from my first marriage, which recently ended. My second child, an "oops" baby, is with my current boyfriend of less than a year. He is a good father but has no desire to get married or have more kids. My ex-husband, on the other hand, constantly tells me how much he'd love for us to be a family again. Our marriage ended because I was unfaithful and wanted the divorce, not him. I now realize what a mistake this was. I dream of being with my ex-husband, but I'm scared to take another child away from his father. What should I do? —H.K., 25, Lincoln, NE

A Right now, you should do absolutely nothing. Take a breather. You have plenty of time to remarry if that's what the cards hold, and you already have a family—your two babies.

If you truly feel that your boyfriend wants neither to marry nor to have children, then there's no future in the relationship, pure and simple. Ultimately you'll need to move on, but he *is* the father of your child, so what's the rush? Do you two enjoy each other's company? The day may come when this is no longer enough for you, but it's a relationship, not a footrace.

Whatever you do, do not run back to your ex-husband. It might seem like the easy solution, but in the long run, it's not. You might have made a mistake in divorcing him, but don't make another one by discounting whatever factors led you to that decision.

It's possible that what you're feeling now is nostalgia



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PRISTIQ® (desvenlafaxine) is a prescription medication approved for the treatment of major depressive disorder in adults.

Suicidality and Antidepressant Drugs

Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, teens, and young adults. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. PRISTIQ is not approved for use in children under 18.

- People taking MAOIs should not take PRISTIQ.
- All patients taking antidepressants should be observed closely for signs that their condition is getting worse or that they are becoming suicidal. This is very important when an antidepressant is started or when the dose is changed. Patients should be watched for becoming agitated, irritable, hostile, aggressive, impulsive, or restless. These symptoms should be reported to the patient's healthcare professional right away.
- Tell your healthcare professional about all prescription and over-the-counter medications you are taking or plan to take, including:
 - Medicines to treat migraines or mood disorders, to avoid a potentially life-threatening condition
 - Aspirin, NSAID pain relievers, or blood thinners because they may increase the risk of bleeding
- PRISTIQ may cause or make some conditions worse, so tell your healthcare professional about all your medical conditions, including if you:
 - Have high blood pressure. Your blood pressure should be controlled before you start taking PRISTIQ and monitored regularly
 - Have heart problems, high cholesterol or triglyceride levels, or a history of stroke
 - Have glaucoma or increased eye pressure
 - Have kidney or liver problems
 - Have or had mania, bipolar disorder, seizures, or convulsions
 - Have low sodium levels in your blood
 - Are nursing, pregnant, or plan to become pregnant
- Discontinuation symptoms may occur when stopping PRISTIQ, especially when therapy is stopped suddenly. Talk to your healthcare professional before you stop taking or reduce the dose of PRISTIQ.
- Until you see how PRISTIQ affects you, be careful driving a car or operating machinery. Avoid drinking alcohol while taking PRISTIQ.
- Side effects when taking PRISTIQ 50 mg may include nausea, dizziness, sweating, constipation, and decreased appetite.

Please see Brief Summary of Prescribing Information on next page.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Wyeth®

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IMPORTANT FACTS ABOUT



Pristiq®
desvenlafaxine
EXTENDED-RELEASE TABLETS

(pris•teek')
Pristiq® -
(desvenlafaxine)
Extended-Release
Tablets

Read the Medication Guide that comes with you or your family member's antidepressant medicine. Talk to your, or your family member's, healthcare provider about:

- all risks and benefits of treatment with antidepressant medicines
- all treatment choices for depression or other serious mental illness

What is the most important information I should know about antidepressant medicines, depression and other serious mental illnesses, and suicidal thoughts or actions?

1. Antidepressant medicines may increase suicidal thoughts or actions in some children, teenagers, and young adults within the first few months of treatment.
2. Depression and other serious mental illnesses are the most important causes of suicidal thoughts and actions. Some people may have a particularly high risk of having suicidal thoughts or actions. These include people who have (or have a family history of) bipolar illness (also called manic-depressive illness) or suicidal thoughts or actions.
3. How can I watch for and try to prevent suicidal thoughts and actions in myself or a family member?

• Pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings. This is very important when an antidepressant medicine is started or when the dose is changed.

• Call the healthcare provider right away to report new or sudden changes in mood, behavior, thoughts, or feelings.

• Keep all follow-up visits with the healthcare provider as scheduled. Call the healthcare provider between visits as needed, especially if you have concerns about symptoms.

Call a healthcare provider right away if you or your family member has any of the following symptoms, especially if they are new, worse, or worry you:

- thoughts about suicide or dying
- attempts to commit suicide
- new or worse depression
- new or worse anxiety
- feeling very agitated or restless
- panic attacks
- trouble sleeping (insomnia)
- new or worse irritability
- acting aggressive, being angry or violent
- acting on dangerous impulses
- an extreme increase in activity and talking (mania)
- other unusual changes in behavior or mood

What else do I need to know about antidepressant medicines?

• **Never stop an antidepressant medicine without first talking to a healthcare provider.** Stopping an antidepressant medicine suddenly can cause other symptoms.

• **Antidepressants are medicines used to treat depression and other illnesses.** It is important to discuss all the risks of treating depression and also the risks of not treating it. Patients and their families or other caregivers should discuss all treatment choices with the healthcare provider, not just the use of antidepressants.

• **Antidepressant medicines have other side effects.** Talk to the healthcare provider about the side effects of the medicine prescribed for you or your family member.

• **Antidepressant medicines can interact with other medicines.** Know all of the medicines that you or your family member takes. Keep a list of all medicines to show the healthcare provider. Do not start new medicines without first checking with your healthcare provider.

• **Not all antidepressant medicines prescribed for children are FDA approved for use in children.** Talk to your child's healthcare provider for more information.

This Medication Guide has been approved by the U.S. Food and Drug Administration for all antidepressants.

Important Information about Pristiq

Read the patient information that comes with Pristiq before you take Pristiq and each time you refill your prescription. There may be new information. If you have questions, ask your healthcare provider. This information does not take the place of talking with your healthcare provider about your medical condition or treatment.

What is Pristiq?

• Pristiq is a prescription medicine used to treat depression. Pristiq belongs to a class of medicines known as SNRIs (or serotonin-norepinephrine reuptake inhibitors).

• Pristiq is not approved for use in children and adolescents.

Who should not take Pristiq?

Do not take Pristiq if you:

- are allergic to desvenlafaxine, venlafaxine or any of the ingredients in Pristiq.
- currently take, or have taken within the last 14 days, any medicine known as an MAOI. Taking an MAOI with certain other medicines, including Pristiq, can cause serious or even life-threatening side effects. Also, you must wait at least 7 days after you stop taking Pristiq before you take any MAOI.

What should I tell my healthcare provider before taking Pristiq?

Tell your healthcare provider about all your medical conditions, including if you:

- have high blood pressure
- have heart problems
- have high cholesterol or high triglycerides
- have a history of stroke
- have glaucoma
- have kidney problems
- have liver problems
- have or had bleeding problems
- have or had seizures or convulsions
- have mania or bipolar disorder
- have low sodium levels in your blood
- are pregnant or plan to become pregnant. It is not known if Pristiq will harm your unborn baby.
- are breastfeeding. Pristiq can pass into your breast milk and may harm your baby. Talk with your healthcare provider about the best way to feed your baby if you take Pristiq.

• **Serotonin syndrome or neuroleptic malignant syndrome (NMS)-like reactions**
Rare, but potentially life-threatening, conditions called serotonin syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions can happen when medicines such as Pristiq are taken with certain other medicines. Serotonin syndrome or NMS-like reactions can cause serious changes in how your brain, muscles and digestive system work.

Especially tell your healthcare provider if you take the following:

- medicines to treat migraine headaches known as triptans
- St. John's Wort
- MAOIs (including linezolid, an antibiotic)
- tryptophan supplements
- sildenafil
- tramadol
- medicines used to treat mood disorders, including tricyclics, lithium, selective serotonin reuptake inhibitors (SSRIs), or serotonin norepinephrine reuptake inhibitors (SNRIs)

Ask your healthcare provider if you are not sure whether you are taking any of these medicines.

Before you take Pristiq with any of these medicines, talk to your healthcare provider about serotonin syndrome. See "What are the possible side effects of Pristiq?"

Pristiq contains the medicine desvenlafaxine. Do not take Pristiq with other medicines containing venlafaxine or desvenlafaxine.

What should I avoid while taking Pristiq?

- Do not drive a car or operate machinery until you know how Pristiq affects you.
- Avoid drinking alcohol while taking Pristiq.

What are the possible side effects of Pristiq?

Pristiq can cause serious side effects, including:

- See the beginning of this page.
- Serotonin syndrome or neuroleptic malignant syndrome (NMS)-like reactions. See "What should I tell my healthcare provider before taking Pristiq?"

Get medical help right away if you think that you have these syndromes. Signs and symptoms of these syndromes may include one or more of the following:

- restlessness
- hallucinations (seeing and hearing things that are not real)
- coma
- nausea
- vomiting
- confusion
- increase in blood pressure
- diarrhea
- loss of coordination
- fast heart beat
- increased body temperature
- muscle stiffness

Pristiq may also cause other serious side effects including:

• **New or worsened high blood pressure (hypertension).** Your healthcare provider should monitor your blood pressure before and while you are taking Pristiq. If you have high blood pressure, it should be controlled before you start taking Pristiq.

• **Abnormal bleeding or bruising.** Pristiq and other SNRIs/SSRIs may cause you to have an increased chance of bleeding. Taking aspirin, NSAIDs (non-steroidal anti-inflammatory drugs), or blood thinners may add to this risk. Tell your healthcare provider right away about any unusual bleeding or bruising.

• **Glaucoma (increased eye pressure)**

• **Increased cholesterol and triglyceride levels in your blood**

• **Symptoms when stopping Pristiq (discontinuation symptoms).** Side effects may occur when stopping Pristiq (discontinuation symptoms), especially when therapy is stopped suddenly. Your healthcare provider may want to decrease your dose slowly to help avoid side effects.

Some of these side effects may include:

- dizziness
- irritability
- abnormal dreams
- nausea
- sleeping problems (insomnia)
- tiredness
- anxiety
- sweating
- headache

Seizures (convulsions)

• **Low sodium levels in your blood.** Symptoms of this may include headache, difficulty concentrating, memory changes, confusion, weakness, and unsteadiness on your feet. In severe or more sudden cases, symptoms can include hallucinations (seeing or hearing things that are not real), fainting, seizures and coma. If not treated, severe low sodium levels could be fatal. Contact your healthcare provider if you think you have any of these side effects.

Common side effects with Pristiq include:

- nausea
- headache
- dry mouth
- sleepiness
- dilated pupils
- insomnia
- constipation
- loss of appetite
- tremor
- diarrhea
- vomiting
- anxiety
- dizziness
- decreased sex drive
- delayed orgasm and ejaculation
- sweating
- tiredness

These are not all the possible side effects of Pristiq. Tell your healthcare provider about any side effect that bothers you or does not go away. Call your doctor for medical advice about side effects. For more information on these and other side effects associated with Pristiq, talk to your healthcare provider, visit our web site at www.pristiq.com or call our toll-free number 1-888-Pristiq.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Contact Information

Please visit our web site at www.pristiq.com, or call our toll-free number 1-888-Pristiq to receive more information. This product's label may have been updated. For current package insert and further product information, please visit www.wyeth.com or call our medical communications department toll-free at 1-800-934-5556.

Wyeth®

Wyeth Pharmaceuticals Inc.
Philadelphia, PA 19101

Based on W10530P003
247610-01

for what once was. This is normal, but not a call to jump into the Way Back Machine. Until you've sorted out what happened with the marriage and what you want for yourself now, regardless of the men in your life, you risk diving back into unresolved problems. You're right to be concerned about taking your youngest away from his father, but the larger risk is the potential for emotional chaos caused by getting back into a marriage that you might find yourself leaving again.

So, hang out. Be a mom. It's all right to be confused. Try not to focus so intently on getting your future, and the relationships in it, tied up in a neat bow. Accept the here and now and wait and see where it takes you.

Can I ask him out?

Q I haven't dated much since my divorce over a year ago. I've noticed a man a few times at a restaurant I frequent; we've made eye contact, but that's all. My brother—a single dad—suggested I write the man a note asking if he'd like to meet for coffee and include my number or email. What do you think? I lack self-confidence, but I'm also ready to date. —A.C., 42, Yuma, AZ

A Everyone from *The Rules* ladies to the considerably hipper author of *Screw Cupid: The Sassy Girl's Guide to Picking Up Hot Guys* feels the same about this issue: Don't do it. There's a whiff of desperation, the least sexy odor in all of dating, that inevitably comes with the lady issuing the invitation.

But you've got to find out what works for *you*, and do so in a way that builds your confidence rather than prompts you to resign yourself to spending the rest of your life watching romantic comedies.

If you feel a powerful urge to pass the note, go for it, if only in the interest of social experimentation. As long as your self-esteem can take the blow if he looks at you askance, truly, what's the worst that can happen?

And if you *do* want to pursue dating in earnest, sign up for something like Match.com and/or put yourself in a better position to meet men. Do what men do: Join a gym, regularly visit the Sprint/Apple/Verizon store, get scuba certified (you'll need to partner up in class!). In any case, prepare yourself for some awkward, hilarious, fun, excruciating times: Once you jump back into the dating pool, there's no lifeguard on duty.



Karen Karbo is an award-winning writer and the author of *The Gospel According to Coco Chanel: Life Lessons From the World's Most Elegant Woman*. She's also a mom, a teacher, and a horse owner. For more advice, go to redbookmag.com/karenkarbo.

Over the Fence

So, should she ask him out?



Cheri Ambrose, 48
East Hanover, NJ

Times have changed and life is short, so I say take the bull by the horns and ask away. If you aren't comfortable doing it directly, choose whatever way works for you!

I agree, the note-passing screams "desperate." Bump into him at the restaurant, and then, if he makes eye contact, make a joke. If he's not interested, you can try it on the next cute guy you bump into!

Really? Passing a note? The only time that's acceptable is if you're in the third grade and the choices are "Check yes or no." Approach him in a more adult way: Stop by his table and introduce yourself.



Lauren Mayer, 50
San Mateo, CA

Stefany Fuson, 25
Pensacola, FL

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SENSIBLE LUNCH OPTION
THAT RESPECTS YOUR FAVORITE
PAIR OF JEANS.**



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Grilled Chicken Wrap

Grilled all white meat chicken breast, fresh lettuce, ripe tomatoes and light ranch wrapped in a warm flour tortilla. Served with apple slices with fat-free caramel dipping sauce.



**Grilled Chicken Sandwich
on a Wheat Bun***



Grilled Chicken Salad



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*Wheat bun made with 10 grams whole grain. Apple slices sold separately and packaged by weight.

Making it **Work**

Life's complicated. Here's how we do it.

A woman with long dark hair, wearing a grey button-down shirt and dark jeans, sits on a white sofa. She is holding a yellow sheet of paper. A young child stands behind her, also holding a yellow sheet of paper and placing it on their head to form a cone. In the foreground, a stack of yellow sheets of paper lies on the dark floor. The background is a bright, minimalist room with white walls and a large window.

What's your dream work scenario?

➡ We bet you're not living it! A recent Pew Research Center survey showed that a whopping 62 percent of working moms would prefer part-time over full-time work—but how many employers do you know that actually hire for 20-hour work weeks? Hey, maybe if we got Starbucks to quadruple the salaries of baristas, all our dreams could come true!

Trick yourself into saving more and spending less



Beth Kobliner is the author of the *New York Times* best seller *Get a Financial Life*. She can also be heard on National Public Radio's *The Takeaway*. Visit her at bethkobliner.com.



I seem to be a magnet for confessions about money, especially at this time of year, as we all recover from the holiday spending binge. And if you're like a lot of women I meet, you're feeling a mix of guilt and anxiety now: Another year has come to a close and you *still* haven't managed to save. But I'm here to say, Forgive yourself—it might not be entirely your fault. There has been a flurry of science-based research lately showing that it's really hard for most human beings to save money.

So how can you truly fix your bad money habits? By faking out your inner spender. But you have to know the tricks. Just like eating a handful of raw almonds to curb a cupcake craving, or slapping on some nasty-tasting polish to keep from biting your nails, there are behavioral ploys that can help you build up a solid nest egg in spite of yourself. Here are some of my favorites.

Stop trying to save.

Promising yourself that this year you'll be "good" and simply try harder may not be enough. Instead, put your savings on automatic. Research shows that the less effort it takes, the more likely people are to contribute to savings. A classic study from a professor at the University of Chicago showed that having employees automatically enrolled in a 401(k) retirement savings plan almost doubled participation rates. Not saving (by opting out) was what required an effort here—and apparently it was too much work!

You can also tell your bank to automatically transfer a set amount of cash—usually as little as \$25—on a regular basis. Take Gina Gallo, a 30-year-

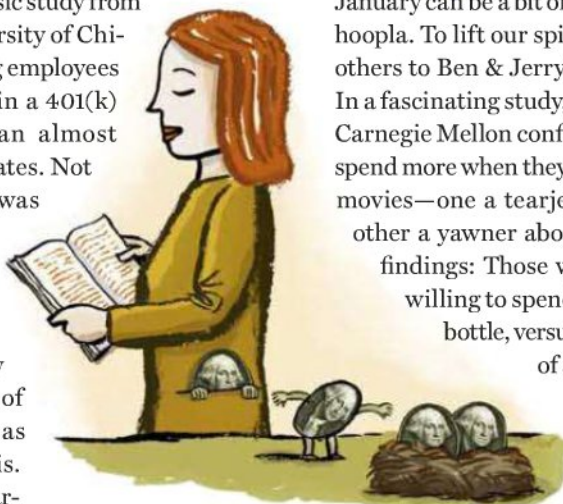
old from Lacombe, LA. "I used to be a lousy saver, because I would spend everything," she admits. "And I'd still be that way if I didn't have \$50 withdrawn monthly out of my checking account into my credit union's savings account." This automatic savings has helped Gallo build a nest egg of nearly \$1,000 so far. If you find yourself thinking, *I can't afford \$50*, ask yourself this: If you had to, could you save \$1.75 a day? If the answer is yes, then you can save \$50 a month.

Spend your cash.

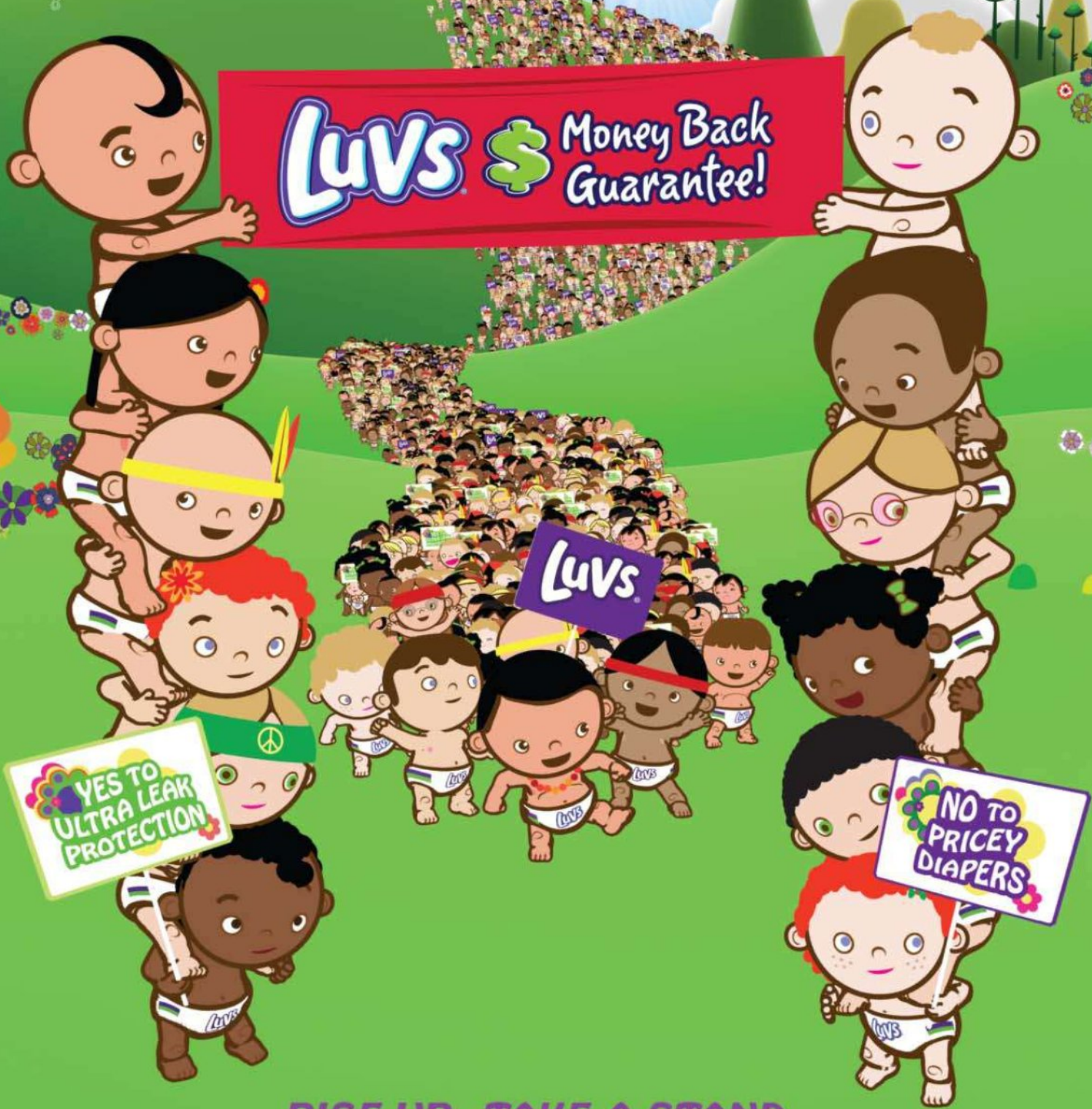
This trick sounds suspiciously fun. The idea is that if you use cash instead of a credit card, you'll spend more carefully. A study by MIT researchers found that people were willing to pay up to twice as much for baseball tickets, for example, when paying with plastic compared with cash. Some researchers have dubbed this phenomenon the "Monopoly money" effect, meaning that because you're not playing with "real" money, spending doesn't feel as consequential. So use a card for convenience (and membership rewards) on major purchases—but only if you can pay off the bill in full that month. For everyday purchases, stick to cash.

Feeling blue? Stay home!

January can be a bit of a downer after so much holiday hoopla. To lift our spirits, some of us turn to friends, others to Ben & Jerry's. And some of us hit the mall. In a fascinating study, researchers from Harvard and Carnegie Mellon confirmed that people are willing to spend more when they're sad. Participants viewed two movies—one a tearjerker about a dying father, the other a yawner about the Great Barrier Reef. The findings: Those who watched the sad film were willing to spend an average of \$2.11 for a water bottle, versus the others who paid an average of 56 cents. So avoid retail therapy and divert your inner spender with a walk around the block instead. Just don't let her walk you to the mall! **R**

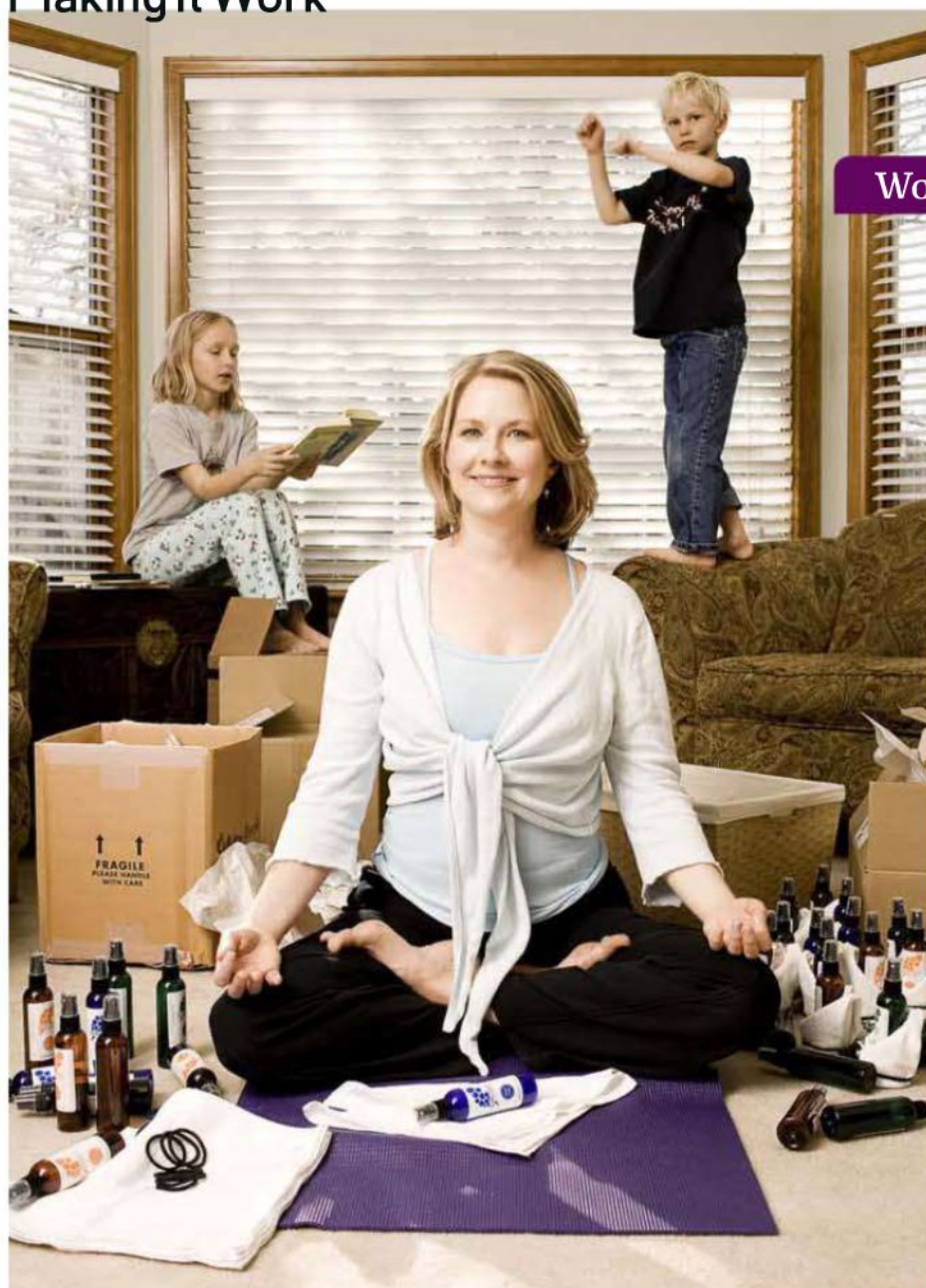


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Work in Progress

Ten years ago, two of Heather Munro Marshall's sweetest dreams came true at once: She became pregnant with her first child, and she landed a job as a copywriter at an advertising agency in Concord, MA. But pretty soon, those two dreams collided. "When I had my daughter, Meredith, I remember wanting to split myself in two," recalls Heather, now 40. "I had always wanted to be a mother, but I also loved my job. I was sad at work and sad at home." She was forced to face the question that nearly every working mother asks herself: *How do I reconcile wanting two entirely different things at once?*

Until then, Marshall had found the answers to life's big questions with relative ease: She married her high school sweetheart, Matt, and they had formed an equal partnership, each of them working full-time, dividing the demands of their household and sharing the financial burden as well. Upon Meredith's arrival, however, Matt zeroed in on his career and supporting the family financially—he worked long hours at his job as the director of business development for an environmental engineering company—while Heather focused more intently on being a nurturing mom. "It was as if we were speaking a different language," she says of their contrasting reactions to parenthood. "He felt work was a priority in order to support the family, and I thought being with our child should be the priority."

Even so, Heather often found the day-in, day-out routine of caring for her baby to be mind-numbing. Her work made her feel purposeful and proud, not to mention that it added

Mother of reinvention

Advertising pro **Heather Munro Marshall** tried everything to find the right work/life balance: full-time job, part-time job, freelancing. Finally, she threw in the towel and hit the yoga mat, finding not only peace but also new purpose with her own creative business idea. By Nell Casey

If you can draw a map to every bathroom in town...



Today is the day to talk to your doctor about overactive bladder and TOVIAZ® – a pill that comes with a plan.

With Toviaz® (fesoterodine fumarate) and the plan, you're helping manage your overactive bladder (OAB) symptoms in two ways:

- with a pill created to help reduce symptoms all day and all night.*
- and a plan that offers you practical tips, tools and resources to help you take an active role in your treatment.

Visit Toviaz.com or call 1-877-TOVIAZ-9

*Results may vary.

The plan focuses on four core areas:

 food & drink
make more informed choices

 teach your bladder
train your bladder to "wait"

 daily Toviaz®
always take as directed

 keep track
share with your doctor

Toviaz® treats the symptoms of overactive bladder (leaks, strong, sudden urges to go, going too often).

Important Safety Information

If you have certain stomach problems, glaucoma, or cannot empty your bladder, you should not take Toviaz. Medicines like Toviaz can cause blurred vision, drowsiness, and decreased sweating. Use caution when driving, doing unsafe tasks, or in especially hot environments, until you know how Toviaz affects you. Drinking alcohol while taking medicines such as Toviaz may cause increased drowsiness. The most common side effects are dry mouth and constipation. Toviaz has benefits and risks. There may be other options.

You're encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.



Please see Important Product Information on back.

 **Toviaz®**
fesoterodine fumarate
extended release tablets 4mg and 8mg

FEU00183C

IMPORTANT FACTS

Toviaz[®]
fesoterodine fumarate
extended release tablets 4mg and 8mg

(TOH-vee-as)

ABOUT OVERACTIVE BLADDER

Overactive bladder happens when the bladder muscle squeezes too often or when you don't want it to. You may have wetting accidents (urge urinary incontinence). You may have a strong need to urinate right away (urgency). You may also have to go too often (frequency).

WHO IS TOVIAZ FOR?

Who can take TOVIAZ?

Adults 18 years and older with symptoms of overactive bladder. TOVIAZ has not been studied in children.

Who should not take TOVIAZ?

Do not take TOVIAZ if you:

- Are not able to empty your bladder (urinary retention).
- Your stomach empties slowly (gastric retention).
- Have an eye problem called "uncontrolled narrow-angle glaucoma."
- Are allergic to TOVIAZ or any of its ingredients.

BEFORE YOU START TOVIAZ

Tell your doctor about all your medical conditions, including:

- Stomach or intestinal problems or problems with constipation.
- Problems emptying your bladder or if you have a weak urine stream.
- Treatment for an eye problem called narrow-angle glaucoma.
- Kidney problems.
- Liver problems.
- A condition called myasthenia gravis.
- If you are pregnant or trying to become pregnant.
It is not known if TOVIAZ can harm your unborn baby.
- If you are breastfeeding. It is not known if TOVIAZ passes into your breast milk or if it can harm your baby.

Before starting on TOVIAZ, tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins and herbal products. TOVIAZ may affect the way other medicines work, and other medicines may affect how TOVIAZ works. Especially tell your doctor if you are taking antibiotics or antifungal medicines.

POSSIBLE SIDE EFFECTS OF TOVIAZ

The most common side effects are:

- Dry mouth
- Constipation

TOVIAZ may cause other less common side effects, including:

- Dry eyes
- Trouble emptying the bladder

These are not all of the possible side effects of TOVIAZ. For a complete list, ask your doctor or pharmacist.

HOW TO TAKE TOVIAZ

- Take TOVIAZ exactly as your doctor tells you.
- Your doctor may give you the lower 4 mg dose of TOVIAZ if you have certain medical conditions, such as severe kidney problems.
- Take TOVIAZ with liquid and swallow the tablet whole. Do not chew, divide or crush the tablet.
- You can take TOVIAZ with or without food.
- If you miss a dose of TOVIAZ, begin taking TOVIAZ again the next day. Do not take two doses of TOVIAZ in the same day.

Things you should keep in mind when taking TOVIAZ:

- Use caution in driving, operating machinery, or doing other dangerous activities until you know how TOVIAZ affects you. Blurred vision and drowsiness are possible side effects of medicines such as TOVIAZ.
- Use caution in hot environments. Decreased sweating and severe heat illness can occur when medicines such as TOVIAZ are used in a hot environment.
- Drinking alcohol while taking medicines such as TOVIAZ may cause increased drowsiness.

What is TOVIAZ?

TOVIAZ is a prescription medicine used in **adults** to treat symptoms of a condition called **overactive bladder**, including:

- Urge urinary incontinence—leaking or wetting accidents due to a strong need to urinate.
- Urinary urgency—having a strong need to urinate right away.
- Urinary frequency—having to urinate too often.

NEED MORE INFORMATION?

- This is only a summary of important information. Ask your doctor or pharmacist for complete product information.
- Go to www.Toviaz.com.
- Call 1-877-9-TOVIAZ.

Uninsured? Need help paying for Pfizer medicine? Pfizer has programs that can help. Call 1-866-706-2400 or visit www.PfizerHelpfulAnswers.com.

 **helpful answers**



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4 tips to help you launch your business

→ **Get to know your market.** Surf the Web to research competitors and find out what they charge for their products or services. "Talk to your ideal core audience," suggests Ellen Parlapiano, cofounder of momprenneursonline.com. "Find out if they're interested in your product and what they'd pay for it."

→ **Plan for your success.** "To get financing from investors or a bank, you'll need to write a business plan—or at the very least, come up with a mission statement and objectives," Parlapiano says. For guidance on writing a business plan and more, check out business.gov.

→ **Play by the rules.** Investigate whether you'll need special certification or permits for your venture. If you're dealing with cosmetics, for example, Parlapiano says, you'll need a Board of Health license; opening a Pilates studio will require training and accreditation.

→ **Spread the word.** "Mothers are great networkers—they have the PTA, fellow soccer moms, and the whole waiting room at the dentist's office," says Parlapiano. Twitter and Facebook are also great marketing tools. But it's not just about pummeling people with your brand, she explains. Use these platforms to build a community with customers by keeping them informed about news related to your venture as well as asking about their needs.

Making It Work / Work in Progress

to the family's bottom line, and she wasn't ready to give it up. So once her two-month maternity leave ended, she went back to a work part-time, enrolling her daughter in day care. "It was a weird feeling for me to leave Meredith there," she says. Plus, Heather's heart wasn't fully in her work anymore—yet she felt anxiety about whether her projects were running smoothly on the days she was at home. "There was a disconnect between the reality of my life," she says, "and the 100-percent commitment required to do my job." When her company asked her to come back full-time about a year and a half later, Heather chose to stay home with Meredith and freelance instead.

Although Matt worried about the loss of income, this less secure but more flexible arrangement felt like the right fit, and Heather got steady work writing copy for print ads and catalogs. Then in 2002, she had her second child, Nathan, and found herself right back at the crossroads she'd visited three years earlier. "I was freelancing three days a week, but I also wanted to bond with my daughter as well as be there for my baby son, and I wanted to be sure I was doing everything right," Heather says. "I had so much guilt."

To ease her stress, she started taking a weekly yoga class. "I needed something just for me," she explains. "I was exhausted from carrying babies and car seats, and yoga helped to make me stronger and more relaxed. But there was also the philosophy: I was able to get out of the loop of getting, getting, getting, as opposed to just being." Taking this time for herself gave her renewed energy for motherhood, Heather explains, quoting a Sufi prayer: "Do not give from the depths of your own well; give only from its overflow."

Heather isn't the first overwhelmed mom to find peace and perspective in the yoga studio, but soon her practice became a passion. In 2004 she enrolled in a six-month Ashtanga training workshop and became certified as an instructor. She started teaching

at the studio where she'd taken classes as well as at a local recreation center.

This time around, Matt was more supportive of her cutting back on copywriting work; he saw how much happier yoga made her, and he was grateful that she could be home for the kids. These days, he even surprises her occasionally by showing up at one of her classes.

From namaste to Namaspray

In 2006, a job opportunity for Matt took the family to Louisville, CO, just outside of Boulder, where Heather began teaching at a studio, Yoga Elements. The next Christmas, she decided to create a homemade gift for her many yogi and yogini friends: bottles of an all-natural yoga-mat disinfectant spray that she'd learned about from her instructor in Massachusetts. The spray—made of tea tree oil, water, vinegar, alcohol, and essential oils—was a hit among her friends, including

the owner of Yoga Elements, who suggested that Heather sell the spray there. All she was missing was a name.

"Namaspray" popped into my mind right away," Marshall says. "It's a funny take on the Sanskrit word *namaste* (*nah-ma-stay*), which is a greeting in yoga. I re-

alized it was pretty catchy, so I trademarked it and started a website, namaspray.com." Within months, Heather had signed up eight retailers in Colorado, a mix of yoga studios and sportswear and nifty-gifty shops.

These days, she fills orders for Namaspray in her kitchen, attaching an inspirational message—sources range from Gwen Stefani to John Wayne to Buddha—to each bottle. And she and Matt are discussing ways to bring the business to the next level.

"I never saw myself as a business person creating a product, but here I am," Heather says. "I sometimes regret that I didn't stay in the advertising world. But I've got my kids, my yoga, this business that I'd like to grow. And I feel more comfortable than I've ever felt with the choices that I've made." **R**

"I sometimes regret that I didn't stay in advertising. But I feel more comfortable than I've ever felt with my choices."

MomLife

It's not your mother's motherhood

See Mom manage

When you're negotiating with your 3-year-old over using the potty, it may not feel like you're earning a graduate degree. But early parenting is the perfect boot camp for learning how to manage employees, says Shari Storm, author of *Motherhood Is the New MBA*. A financial executive and mother of three, Storm offers these examples of how your mommy skills can segue into work skills worthy of the corner office:



Mom skill

Use it to...



Reading your toddler's body language and mood so you can interpret what she's trying to say ("Tootie peas" = "Cookie, please!" and not "I hurt my knees").

Interpret your boss's body language to figure out exactly what she needs (she crosses her arms and gets distracted when you ask if she's read your report = "I'm not happy with this draft and need you to give it another try").

Creating a scrapbook in which you write down your baby's first words, first tooth, first knock-knock joke....

Keep track of all the achievements—and setbacks—of your employees so you can give constructive criticism during annual progress reports.

Stressing the importance of the magic words *please, thank you, and I'm sorry*.

Impress clients and coworkers by always following up meetings with handwritten thank-you notes and owning up to problems as soon as they happen.

Asserting your ultimate authority with the all-purpose reason: "Because I said so!"

Avoid getting drawn into endless discussions and analyses that waste valuable work time. "It's my decision to use this computer program for this project. Now let's get on it!"

Powerful voices for deaf children

When Leeanne Seaver's son Dane, now 22, was diagnosed with profound deafness at 18 months, she was thrust into a complex new world rife with fierce debates among

Hot Mamas

parents about the value of cochlear implants, special-ed versus mainstream

classes, and whether deaf kids should learn to talk or sign. "I thought, *There is no 'right way' for all deaf kids to communicate*," says Seaver, 50. "I had to let Dane lead me to the answers."

Dane led her further than she imagined: In 1994, Seaver, with Janet DesGeorges and others, founded Hands & Voices, a nonprofit that helps parents find the best resources for their deaf kids. Its work ranges from the local (matching up families with mentors) to the state level (they've helped push through legislation to mandate a Deaf Child's Bill of Rights in several states). For more info, visit handsandvoices.org.



Leeanne Seaver, left, and Janet DesGeorges

FROM LEFT: PENNY GENTIEU/BABYSTOCK.COM; CREATIVE CROP/GETTY IMAGES; COURTESY OF SUBJECTS.

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Life in the **fear** factory

I'm not sure what's scarier:
my son's freaky fears or my
fear that he's a little freaky.

Henry, my 7-year-old son, won't go into his room by himself. Or the bathroom. Or, really, any room where other people are not.

I don't enjoy placing blame on anyone, but this is all my husband Scott's fault. (Actually, I do enjoy placing blame in this case—because the blame can be placed squarely on Scott, and not at all on me. This is unusual for us.) Henry's aversion to aloneness began after Scott showed him the music video for Michael Jackson's "Thriller." Had I been there, I would have stopped him, but I was sleeping. (Scott has tried to twist this story around so he can blame it on my tendency to sleep in, but I'm not having it.)

In Scott's defense, his own memory of the "Thriller" video was patchy. He recalled the prancing and cavorting zombies, but his brain had skipped over the earlier part, when a sweet young Michael Jackson glances at the full moon and promptly morphs into a bloodthirsty werewolf. He probably wasn't remembering the undead rotting corpses dragging themselves out of their mist-shrouded graves, blood oozing from their mouths. It also wasn't obvious how shaken Henry was from watching it. Until a little while later, when he refused to go to the bathroom by himself.

Still, I don't know what my husband was thinking. Our son is easily terrified. This isn't the first time a piece of entertainment has frightened Henry to the point that he requires constant companionship. "My God, Scott," I said, after he told me what he had done. "Does the name Miffy mean *nothing* to you?"

When Henry was a toddler, he loved *Miffy*, a preschool cartoon about a little bunny. It's the kind of show whose plot often revolves around a chipped mug or lost snack.



The Imperfectionist

BY ALICE BRADLEY



There are no zombies on *Miffy*, and if there were, they would be adorable and would learn an important lesson about sharing.

But, oh, there was this one episode in which Miffy went camping, and the sounds of owls and crickets made her nervous. That was the extent of it, just Miffy getting a little anxious, but Henry burrowed into my midriff, demanding that I turn it off. "Miffy with the owls and the crickets!" was all he would say. And there would be no more *Miffy* viewing, ever. He would tearfully bring up Miffy (with the owls and the crickets) for months. And not only could he no longer be alone after that, but I also had to be directly behind him at all times, so that nothing could grab him from

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Making It Work / The Imperfectionist

behind. The Henry-always-in-front setup made navigating a room extremely awkward. We spent months with him leaping in front of me, his butt bumping into my knees. It's amazing neither of us knocked over the other.

Eventually, Henry regained the courage to move freely about our home, but it took a long, long while. And now here we are again, with a little boy glued to our sides. We want to be understanding, supportive parents, but we're not looking forward to months of chaperoning him on his journeys to pee or retrieve Legos. Unlike Henry, the adults enjoy a bit of alone time, or just a few feet of free space. Our dog, Charlie, can be coerced into following Henry just about anywhere, but even he has his limits. Follow that boy for the 30th time into the room where the treats are *not*? No, thank you.

So Henry spends much of his day commanding Charlie or us to follow him this way and that, and we are handling it with less patience than we'd like. We tried to encourage him to face his fears, to pretend he is a Secret Agent on a Mission to Enter a Room by Himself. This did not work. We then resolved to accompany him as much as he needed, in the secret hope that after a day or two our support would make all this accompanying unnecessary, and he would magically find the confidence to venture forth on his own. This only made me increasingly resentful, until one day I snapped. "Enough," I told him. "I've taken you into your room 12 times today. Nothing scary is there. My legs are tired. I'm old and need my rest."

Henry then demanded his father's help, but Scott refused as well. Henry's lower lip began to quiver. "But I'm afraid," he wept. I tried to comfort him, and he pulled me toward his room. "You can do this," I insisted, "by yourself." Then Henry called for Charlie, who loped past me into Henry's room, looking back as if to say, "You see what I do for this family?"

I remember being afraid of pretty much everything when I was a kid—spiders, Santa Claus, the collection of dolls who spent all night plotting my death—so I asked my mom what I was like then. "Oh, you had a bunch of fears," she recalled. "Your biggest fear was that I would lose you in a public place."

The minute she said it, I remembered. It wasn't that she would lose me but that I would be abducted. There had been a rash of child abductions in the news, and I was sure I would eventually be taken. After all, I was cute as a button. What abductor wouldn't want me for his collection?

"So what did you do?" I asked her. "I tried to reassure you," she said, "but it didn't help." And, it turned out, my terror actually made things easier for her. "Wherever we went, I never worried about losing you," she said. "You wouldn't let go of my skirt." My fears made me a more well-behaved child! I knew I was a good kid. It's a wonder no one abducted me.

I consulted with my friend Abby, who is one of the most

well-adjusted people I know. Her son was having similar issues, she said, which reassured me. I'd secretly suspected that we'd messed up our son in some deep, fundamental way—that the foolhardy video watching, among our other parental overindulgences, had left him emotionally crippled. Abby and I talked about this feeling that everyone else's kids are proceeding confidently through life while yours is crab-walking along the edges of sanity.

Abby also told me that she'd needed to be tucked in to bed until she was 13. "And if I got up in the night for anything," she added, "I would go to my parents' room and ask them to tuck me in again."

"So how did they deal with it?" I said.

"They just... did it. I don't remember it being a big deal at all. They figured that I needed them to tuck me in, for whatever reason, and when I didn't need it anymore, I would stop asking."

It occurred to me then how much Scott's and my response to Henry was actually a reaction to our own fears: that we were bad parents, that our parental

missteps would screw him up even more, that his temporary need for company would, if indulged, somehow set in permanently and he'd grow into a stunted adult who wouldn't even be able to enter a bathroom stall alone. But in reality, needs shift. Kids grow. Abby no longer requires tucking in, and I don't worry about being abducted.

I shared Abby's story with Scott. "So it's that simple?" he said. "We're patient with him, and he gets over it, and maybe he ends up as well-adjusted as someone like Abby?"

"I wouldn't go that far," I told him. "But anything is possible."

It's been weeks, and we (and the dog) continue to keep Henry company when he needs it. We try to remember that he's not trying to make our lives difficult, and we have faith that he'll eventually outgrow this phase. I do hope he won't need to be tucked in when he's 13. I'm sorry, Abby, but that's just weird. **R**

Sometimes it feels
like everyone else's
kids are proceeding
confidently through
life—while yours is
walking along the
edges of sanity.

New REDBOOK columnist Alice Bradley also shares her adventures in parenting at finslippy.com, momversation.com, and lets-panic.com. She lives in Brooklyn with her husband, son, dog, and cat.

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Find more **free time** in your day

Mom, student, nurse... Serina does it all, but she wishes life was less work and more play. Organizing guru Julie Morgenstern provides this reader with relief from schedule stress.

The challenge

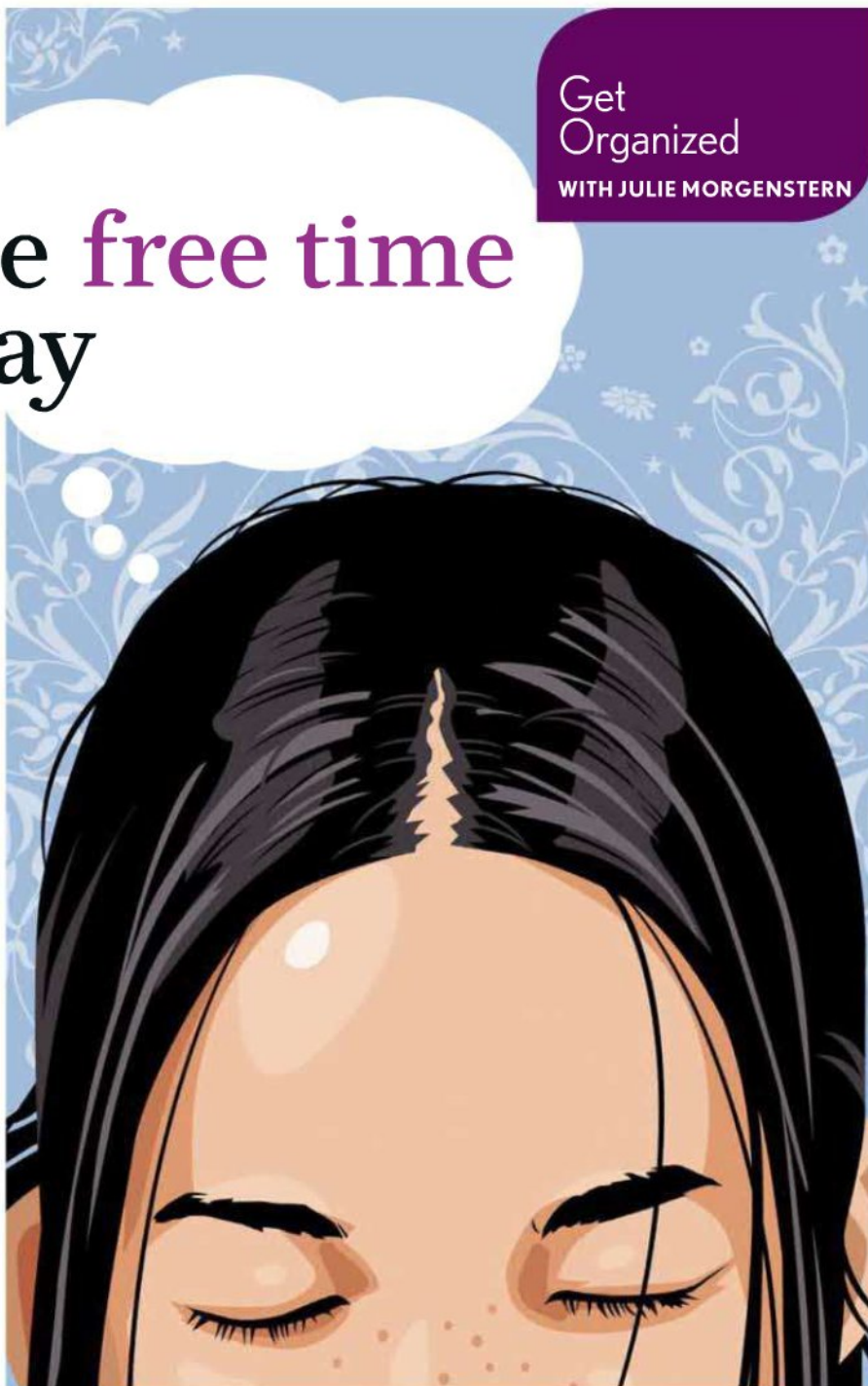
Serina Hunter-Thomas, 38, knows busy. This West Virginia mom works full-time as a Commissioned Corps Nurse Officer for the Department of Health and Human Services, is pursuing a second master's degree in teaching via a combination of virtual and classroom courses, and is the mom to daughters Shalin, 8, Samaire, 6, and Soraya, 16 months. So it's no wonder she doesn't have time to exercise—and has barely been on a date with her husband, Robert, a stay-at-home dad, in the past 10 years. Serina loves the life she's created but wishes she had a little bit more time to enjoy it—and isn't sure how she can do that without adding more to her already overstuffed schedule.

Julie's plan of action

Serina is a high-energy woman who thrives on being busy. My hunch is that right now she operates in only two modes: work and rest. It's that mentality that's causing her to feel burned out. While her work and academic life are highly structured—she never misses her daily commuter train or fails to hand in an assignment—her evenings and weekends aren't and can tend toward chaos. Dinnertime has become a

mad dash, and downtime is practically nonexistent. But by tweaking her schedule with these simple fixes, I'm confident Serina will find the breathing room that will make her life feel even bigger and brighter.

1 Give yourself a break. Free time is not the leftover time after everything else is done—it's something you deserve a little of every day. After a busy day, Serina, who's currently taking four courses in a graduate program, finds herself staying up to work on her assignments until she literally falls asleep in front of the computer. I ask her if it's imperative that she finish her



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Prescription Lyrica is not for everyone. Tell your doctor right away about any serious allergic reaction that causes swelling of the face, mouth, lips, gums, tongue or neck or any trouble breathing or that affects your skin. Lyrica may cause suicidal thoughts or actions in a very small number of people. Call your doctor right away if you have new or worsening depression, suicidal thoughts or actions, or unusual changes in mood or behavior. Lyrica may cause swelling of your hands, legs and feet. Some of the most common side effects of Lyrica are dizziness and sleepiness. Do not drive or work with machines until you know how Lyrica affects you. Other common side effects are blurry vision, weight gain, trouble concentrating, dry mouth, and feeling "high." Also, tell your doctor right away about muscle pain along with feeling sick and feverish, or any changes in your eyesight including blurry vision or any skin sores if you have diabetes. You may have a higher chance of swelling, hives or gaining weight if you are also taking certain diabetes or high blood pressure medicines. Do not drink alcohol while taking Lyrica. You may have more dizziness and sleepiness if you take Lyrica with alcohol, narcotic pain medicines, or medicines for anxiety. If you have had a drug or alcohol problem, you may be more likely to misuse Lyrica. Tell your doctor if you are planning to father a child. Talk with your doctor before you stop taking Lyrica or any other prescription medication.

Please see Important Facts Brief Summary on adjacent page.

To learn more visit www.lyrica.com or call toll-free 1-888-5-LYRICA (1-888-559-7422).

*You are encouraged to report negative side effects of prescription drugs to the FDA.
Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.*

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IMPORTANT FACTS



(LEER-i-kah)

IMPORTANT SAFETY INFORMATION ABOUT LYRICA

LYRICA may cause serious, even life threatening, allergic reactions. Stop taking LYRICA and call your doctor right away if you have any signs of a serious allergic reaction:

- Swelling of your face, mouth, lips, gums, tongue or neck
- Have any trouble breathing
- Rash, hives (raised bumps) or blisters

Like other antiepileptic drugs, LYRICA may cause suicidal thoughts or actions in a very small number of people, about 1 in 500.

Call your doctor right away if you have any symptoms, especially if they are new, worse or worry you, including:

- New or worsening depression
- Suicidal thoughts or actions
- Unusual changes in mood or behavior

Do not stop LYRICA without first talking with your doctor.

LYRICA may cause swelling of your hands, legs and feet.

This swelling can be a serious problem with people with heart problems.

LYRICA may cause dizziness or sleepiness.

Do not drive a car, work with machines, or do other dangerous things until you know how LYRICA affects you. Ask your doctor when it is okay to do these things.

ABOUT LYRICA

LYRICA is a prescription medicine used in adults 18 years and older to treat:

- Pain from damaged nerves that happens with diabetes or that follows healing of shingles
- Partial seizures when taken together with other seizure medicines
- Fibromyalgia (pain all over your body)

Who should NOT take LYRICA:

- Anyone who is allergic to anything in LYRICA

BEFORE STARTING LYRICA

Tell your doctor about all your medical conditions, including if you:

- Have had depression, mood problems or suicidal thoughts or behavior
- Have or had kidney problems or dialysis
- Have heart problems, including heart failure
- Have a bleeding problem or a low blood platelet count
- Have abused prescription medicines, street drugs or alcohol in the past
- Have ever had swelling of your face, mouth, tongue, lips, gums, neck, or throat (angioedema)
- Plan to father a child. It is not known if problems seen in animal studies can happen in humans.
- Are pregnant, plan to become pregnant or are breastfeeding. It is not known if LYRICA will harm your unborn baby. You and your doctor should decide whether you should take LYRICA or breast-feed, but not both.

Tell your doctor about all your medicines. Include over-the-counter medicines, vitamins, and herbal supplements.

LYRICA and other medicines may affect each other causing side effects. Especially tell your doctor if you take:

- Angiotensin converting enzyme (ACE) inhibitors. You may have a higher chance for swelling and hives.

BEFORE STARTING LYRICA, continued

- Avandia® (rosiglitazone)*, Avandamet® (rosiglitazone and metformin)* or Actos® (pioglitazone)** for diabetes. You may have a higher chance of weight gain or swelling of your hands or feet.
- Narcotic pain medicines (such as oxycodone), tranquilizers or medicines for anxiety (such as lorazepam). You may have a higher chance for dizziness and sleepiness.
- Any medicines that make you sleepy

POSSIBLE SIDE EFFECTS OF LYRICA

LYRICA may cause serious side effects, including:

- See "Important Safety Information About LYRICA."

- Muscle problems, pain, soreness or weakness along with feeling sick and fever
- Eyesight problems including blurry vision
- Weight gain. Weight gain may affect control of diabetes and can be serious for people with heart problems.
- Feeling "high"

If you have any of these symptoms, tell your doctor right away.

The most common side effects of LYRICA are:

- Dizziness
- Blurry vision
- Weight gain
- Sleepiness
- Trouble concentrating
- Swelling of hands and feet
- Dry mouth

If you have diabetes, you should pay extra attention to your skin while taking LYRICA and tell your doctor of any sores or skin problems.

HOW TO TAKE LYRICA

Do:

- Take LYRICA exactly as your doctor tells you. Your doctor will tell you how much to take and when to take it. Take LYRICA at the same times each day.
- Take LYRICA with or without food.

Don't:

- Drive a car or use machines if you feel dizzy or sleepy while taking LYRICA.
- Drink alcohol or use other medicines that make you sleepy while taking LYRICA.
- Change the dose or stop LYRICA suddenly. You may have headaches, nausea, diarrhea, or trouble sleeping if you stop taking LYRICA suddenly.
- Start any new medicines without first talking to your doctor.

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coursework in three years, or if it would be okay to stretch out her studies to four or even five years. Surprisingly, she'd never thought of that! Serina is so used to performing at her maximum all the time that she needs to realize it's okay to slow down. I also tell Serina to give herself a concrete bedtime and power down her computer at least half an hour before it, so she has time to talk with her husband or read a book.

2 Put you on your calendar. We often put ourselves last on our list of to-do's, letting the things we love fall by the wayside as we desperately try to juggle everyone else's needs. Serina wants to find time to exercise, and even has a gym in her building at work. Still, she finds herself all too often trying to plow through a mountain of paperwork at her desk—even though, she admits, the majority of it isn't deadline-driven. I remind Serina that the work will still be there if she takes a 45-minute workout break, and she'll probably feel a lot more clearheaded and motivated to do it. I suggest that Serina enlist a few colleagues and make an appointment to head down to the gym during lunch hour a few times a week. Serina should write it down in her calendar as an appointment or program it into her online calendar. Prioritizing herself on paper is a visual reminder that her needs matter.

3 Enlist homework help. Right now, Serina's oldest daughter's homework time tends to be stressful, leaving everyone in a bad mood before bedtime. I suggest that Serina enlist her husband, Robert, for more help in this department, and that they formally divvy up academic assignments by subject. For example, Robert could be the reading and social studies "expert," and Serina could be consulted for math and science. If Robert feels he needs a break after spending all day with the girls, they can even work out homework "office hours," with Serina on call from 7 to 7:30 and Robert on call from 7:30 to 8.

4 Make a weekend plan. Serina often wakes up on Monday mornings feeling drained rather than recharged because her weekend flew by in a haze of errands, laundry, and her own homework assignments. I told her to imagine the weekend as six concrete blocks of time: two mornings, two afternoons, and two evenings. I encourage her to pick one time slot each day when the family does an activity together. Saturday mornings could be reserved as family time for going to breakfast, visiting a park, or heading to an early movie, and the afternoons could be set aside as a time for Serina to work on her own school assignments and

the kids to enjoy free play by themselves or play dates with friends. When everyone knows what the plan is, Serina won't have to spend time fielding *what are we doing now?* questions and will be able to feel recharged before she begins her schoolwork. The family already goes to church most Sunday mornings, so Sunday afternoons could be devoted to prepping for the week ahead, such as grocery shopping, leaving Sunday night free to enjoy family time or time with friends.

5 Maximize mealtimes. Family dinners are great—when everyone's relaxed and not famished. Serina views dinner as a hassle: Often she's desperately trying to cobble it together as soon as she rushes in the door. But with a few fixes, Serina and Robert can turn mealtime into an opportunity for the family to check in with one another. Robert is willing to help out but is unsure of his culinary skills, so Serina could prep casseroles and store them in the freezer, then keep one shelf in the refrigerator and cupboard stocked with ingredients Robert can use to make simple dishes. Finally, Serina and Robert can delegate a few dinner responsibilities to their older daughters, such as making salads. With these changes, Serina can look forward to—rather than dread—dinnertime on her commute home.

6 Create a babysitting co-op. Starting a co-op—a community of parents who trade hours of babysitting—sounds complicated, but it doesn't have to be. It's as simple as formalizing play-date trade-offs and can be created with as few as two families. I recommend that Serina reach out to the parents of Shalin's and Samaire's classmates to form a group that trades hours of babysitting, using one-hour coupons as currency and using a shared Google calendar to make requests easy to manage.

Free time isn't the time left over after everything else is done—it's something you deserve a little of each day.

Serina's reaction

I never thought about having a structure to the weekends, but I love the idea of making sure we get out of the house during a block of time on Saturdays. Our girls love doing craft projects, so we think it would be fun to go to the library, pick out craft books, and work on those. I also really like the idea of creating weekly menus. In the past, I had tried to do it for a whole month, which was far too daunting. This seems much more manageable. Also, my husband liked the idea of taking on homework duty—we decided he'll do reading and writing, and I'll do math. I already feel less overwhelmed! **R**



Julie Morgenstern is an organization and time-management expert, productivity consultant, and New York Times best-selling author of five books, including *Shed Your Stuff*, *Change Your Life*.

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REDBOOK

Living



Kick-start the year

- Find everyday ways to celebrate **p.122**
- Conquer your clutter **p.128**
- Savor skinny suppers **p.140**



Living



Arielle (with daughter Olive) celebrates fall with a feast grown from her garden.

It's the start of a new year. The holidays are behind us. But actually, life is full of unique moments for you to commemorate and cherish. Some sparkle with champagne and party dresses, and some resonate in a quieter, more personal way. For example, every year on the first day of spring, my daughter, Mae, and I walk outside and look for signs of awakening—a tiny snowdrop flower pushing up from the ground or a small beetle scrambling across a mossy rock. We talk about what the new season means for us—soon we'll get to play outside without jackets and watch the tree in our front yard fill with pale pink apple blossoms. This little ritual is significant: It encourages me to slow down, treasure my child, and appreciate the cycle of nature. So look for your own special excuse to celebrate! Here, 11 women share the sweet, joyful, or soulful occasions they mark every year. —*Jen Matlack*

your *favorite* day of the year

Celebrate life even more: It's easy when you look for the extraordinary in the everyday.

“I celebrate the harvest with my neighbors.”

Arielle Eckstut, 39
Montclair, NJ

In October, we get together with our next-door neighbors for our “last supper,” a meal that celebrates the herbs, fruits, and vegetables that we harvested from our garden that year. The gathering symbolizes two things for me: my connection to the earth and the seasons and also the gift of friendship, because we created this garden with our neighbors. I see them probably more than anyone besides my husband and daughter, so this ritual celebrates that everyday connection, which I cherish.



“I celebrate the sunset.”

Desiree Miller, 40
Woodstock, GA

I love the beach but live in a city where I'm landlocked. But I get down to the Georgia Coast as much as possible, and when I'm there, I make it a point each day to have a “sunset celebration.” I find a quiet spot on the sand and let my mind relax while I appreciate the beauty of the sunset. I feel a sense of connection with everyone else around the world who can see the same beautiful sky. Taking the time to appreciate this is my way of slowing the world down and truly being in the moment, something I don't do often enough.



A beach sunset helps Desiree (and daughter Daly) slow down.

“I celebrate the women in my family.”

Jeanine Baber, 43
Phoenix

I started a tradition three years ago called “Ladies' Day,” which occurs on Mother's Day and joins all the women from my family and my late husband's family. We lost him over three years ago, and this seemed like a good way to bring all of us together again. Everyone brings something to share—finger sandwiches, salads, and desserts. The kids go swimming, and some of the ladies wear fancy hats. We look through old and new photos and catch up. It's a way for us to stay in one another's lives and acknowledge the love we all share.

“I celebrate the day I left cancer behind.”

Rose Bonomo, 50
Portland, OR

After my last treatment for breast cancer three years ago, I performed a “good-bye to cancer” ritual in August with my

COURTESY OF SUBJECT.



“I celebrate springtime.”

Monica Bhide, 40
Tysons Corner, VA

To honor the arrival of spring and the beautiful cherry blossoms that bloom in my neighborhood, I host a henna party for all my female friends. In Indian culture, henna is used during celebrations, and for me, spring is worth celebrating because it's a time of rebirth. My friends and I welcome the new season by playing music, eating, and getting our hands painted with intricate designs. We park our responsible roles at the door—we're no longer mothers or wives—and become little kids with no cares in the world other than having fun.



FROM TOP: PHOTOGRAPHED BY NATE LANKFORD. COURTESY OF SUBJECT.

closest friends. We took some of the things I had worn during chemo and burned them. Then my friends sprinkled water on me and said things about washing away the cancer. We drank to good health and exchanged small, meaningful gifts. The

ceremony was a way to fully acknowledge that that part of my life was over. Now, every August I raise a glass with my friends to remember that day and give thanks to all the great women who stood by me in that time. Their love and friendship keep me

strong and optimistic about the future.

“I celebrate the rain.”

Emily Blasi, 36
Dix Hills, NY

Whenever it rains, my husband opens the

garage door and sets up chairs for me and our three little girls. We watch the drops as they fall on the ground and celebrate that the grass, trees, and flowers will grow beautifully because they are being nourished. Our time together provides

nourishment for our souls as well. In this fast-paced world, I'm happy and grateful to steal moments like these to bring my family closer and create truly lasting traditions that I hope my children will carry on with their own kids. ▶

“I celebrate the day we created a home.”

Karen Garvey, 45
Hauppauge, NY

Every July 11, my family and I mark the anniversary of the day we moved into our house and created a home. It was unbelievably hot that day, so we went to a nearby 7-Eleven for Slurpees to cool off. Now each year we return to that same store for Slurpees and reminisce about all the memories we've made since moving day. Our home is our treasure—it's the one place where each of us consistently feels appreciated, accepted, and loved.

“I celebrate the power of being a woman.”

Amanda Curry, 32
Encinitas, CA

Every month during the full moon, I attend a “Goddess Gathering” at my friend's house with about a dozen other women. We eat great food, share our goals, and celebrate our energies and dreams. The last time we met, we wrote our fears down on paper and then burned them in a campfire. The process helped me identify and let go of the fears that were standing in my way. After our get-together under the blazing moon, I always feel empowered, like I can do anything.

“I celebrate the day I met my best friend.”

Suzette Banzo, 41
New York City

I met Maria on the first day of kindergarten, so each September we have a Kindergarten Anniversary Day. Sometimes we'll take a trip together, or we'll just meet for dinner. We always recall

The Garveys turned a moving-day pit stop into an annual tradition.



the story of how I asked her name and how shy she was—she whispered it to me three times before I finally heard her. If you met her now, you would see that she is still the shy one and I'm still the outgoing one. Our friendship has lasted 36 years—we're like sisters to each other.

“I celebrate the memory of loved ones.”

Corey Colwell-Lipson, 36
Issaquah, WA

In our family we celebrate our deceased loved ones' birthdays and death anniversaries by lighting a candle at the start of dinner and then sharing memories of them. Whenever we remember my grandmother G.G., we often end up laughing until we cry. One story we recount is how every New Year's Eve at midnight, G.G. would jump off a chair “into the New Year.” My kids love jumping off their chairs in her honor. Although we don't shy away from sadness, we keep the mood celebratory with a feeling of gratitude and happiness that the person was in our lives.



“I celebrate the shortest day of the year.”

Buffy Martin Tarbox, 38
San Francisco

At sundown on the winter solstice, I turn off all the artificial lights in the house and live that way for one night, cooking or reading by candlelight. Before electricity, people had to rely on natural light to guide their movements and actions, so when the sun set, it was time to rest. Following this cycle for one day makes me feel like I'm in harmony with a natural rhythm and gives me a deep sense of peace.



1 Maximize wall space in an entryway with cut-to-fit lattice from your local home-improvement store or garden center. Thread S-hooks through the slats to hang baskets filled with scarves, hats, and Rover's leash. Lattice, \$18; Lowe's stores. Green "Carrie" baskets, \$39 each; unicahome.com.

24 organizing TIPS that really work

Experts, readers, and REDBOOK staffers share their best stay-organized secrets. Your sock drawer will never be the same again. (And that's a good thing.)

PRODUCED BY WENDY MANWARREN
PHOTOGRAPHED BY LUCAS ALLEN

2 Do one small organizational task daily, no matter how small. Clean out one drawer or the top tier of the spice rack. Just think: After a month, you'll have checked 30 things off your to-do list.

3 Open the mail over the shredder or recycling bin, and get rid of the junk immediately. This forces you to make quick and definitive decisions so nothing piles up in your hallway or anywhere else.

4 Keep each kid's tests, drawings, and papers in a large art box, and go through the boxes with your children at the end of each school year. Holly Bohn, founder of seejanetwork.com, allows each child to pick one thing to save. She chooses one special item as well, then everything else gets pitched. "This way you don't have to make immediate decisions when they bring something home," she says.



5 Store all your notes, lists, and ideas in one small three-ring binder you keep in your purse. Periodically recycle outdated pages (last week's grocery list) and keep others (that million-dollar idea that came to you at the doctor's office).

6 Separate bras and undies

with drawer dividers. Home and lifestyle editor Wendy Manwarren uses velvet dividers (\$8 for six; organize.com) to sort her lingerie into sections according to type (bras, undies, and camisoles) and function (everyday garments stay up front; strapless bras are tucked in the back).

My fantastic organizing idea:

FREEZER BINS

Store frozen foods and meats in easily accessible, labeled plastic bins, as REDBOOK reader and organizing pro Sue Becker did here. You'll never freeze your fingers hunting through your well-stocked but overpacked freezer again.



My fantastic organizing idea:

BAR-MOIRE

Repurpose your old TV cabinet as a hideaway bar, suggests REDBOOK reader and organizing specialist Grace Brooke. Here, she installed inexpensive hanging glass racks and used three-tiered stacking shelves and trays to maximize the vertical space inside the cabinet.



7 Once or twice a year, host a shop-my-castoffs party. Turn on the tunes, open a bottle of wine, and let friends take what they like—from purses and baubles to frocks and shoes.

8 Give yourself recognition for your organizing accomplishments, suggests Gail Blanke, author of *Throw Out Fifty Things: Clear the Clutter, Find Your Life*. Show off your solutions and brag a little. You're more likely to maintain order in a space if you're truly proud of it.

9 Treat organization the same way you would a diet or exercise plan: as a lifestyle change. To maintain results, you have to do a little bit, often, says Meryl Starr, author of *Home Organizing Workbook*.

10 Hang two canvas totes, embroidered with REPAIR and DONATE, from hooks in the laundry room, suggests seejanework.com's Holly Bohn. She tosses too-small, worn-out, and snagged clothes into the bags as soon as they come out of the dryer to keep from stumbling across these mini-projects all the time.



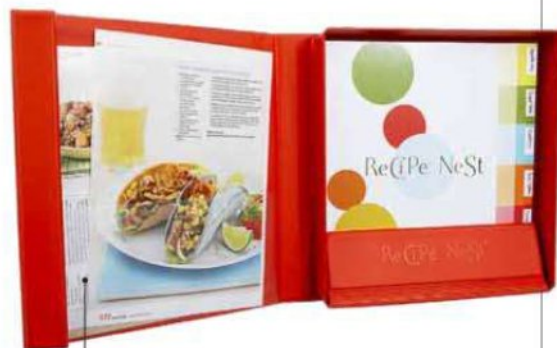
11 Stash a permanent marker in the bathroom cabinet and mark makeup, sunscreens, and medicines with the dates of purchase so you know when they should be tossed. In general, mascara shouldn't be kept for more than three months, and sunscreens and medicines should be pitched at the end of a year, advises Lorie Marrero, creator of the Clutter Diet. Look for POA ("period after opening") icons, like the one at right, on packaging; "3M" means a product lasts three months.



12 No bathroom storage? Hang a canvas shoe organizer on the back of the door, says Julie Edelman, author of *The Ultimate Accidental Housewife*. Put dental-care items in one row of pockets, make-up brushes in the next, your husband's shaving gear in another, and so on.

13 Get a clutter buddy.

"You're a better editor with someone else's stuff," says stylist Christine Cameron, of mystylepill.com, who regularly helps one friend clean out her closet. "I insist she let go of that when-I-lose-five-pounds skirt, and she reminds me that a girl doesn't need 10 pairs of black pants."



14 Employ one system to help organize favorite recipes. The Recipe Nest (\$39; recipereish.com) is a binder with six tabbed dividers that you can customize with your own categories, such as Grandma's Secrets or Entertaining Menus. It's nearly two inches deep, so there's plenty of room for you to add to your collection.

15 Record birthdays, anniversaries, and other key dates at sites like americangreetings.com or giftelephant.com, which can send you reminders when someone's special day is approaching. Some even set up an automatic free e-card delivery.



16 Sift through your ever-growing stack of magazines and catalogs while on a plane, train, or bus trip. Bring a few clear plastic envelopes (\$7.50 for three; seejanetwork.com) along with you to stash recipes you want to try, decorating ideas, and reference articles you tear out.



**Without Campbell's® Cream of Mushroom soup,
it's just chicken.**



Chicken with Sun-Dried Tomatoes

Prep: 10 min. Cook: 20 min. Makes: 4 servings

- | | |
|--|---|
| 3 tbsp. olive oil | ¼ cup thinly sliced sun-dried tomatoes |
| 4 skinless, boneless chicken breast halves | 1 tbsp. red wine vinegar |
| 1 shallot, finely chopped* | 2 tbsp. chopped fresh basil leaves |
| 1 can (10¾ oz.) Campbell's® Condensed Cream of Mushroom Soup (Regular or 98% Fat Free) | 4 cups hot cooked extra wide egg noodles |
| ¾ cup water | ¼ cup shredded Parmesan cheese (optional) |

1. Heat **2 tbsp.** oil in skillet over medium-high heat. Add chicken and cook 10 min. or until well browned on both sides. Remove chicken from skillet.
2. Heat remaining oil in skillet over medium heat. Add shallot and cook and stir 2 min. Stir soup, water, tomatoes, vinegar and basil in skillet.
3. Return chicken to skillet and heat to a boil. Reduce heat to low. Cook 5 min. or until chicken is cooked through. Serve chicken and sauce over noodles. Sprinkle with cheese and thinly sliced basil, if desired.

*Or substitute **1 tbsp.** finely chopped onion.

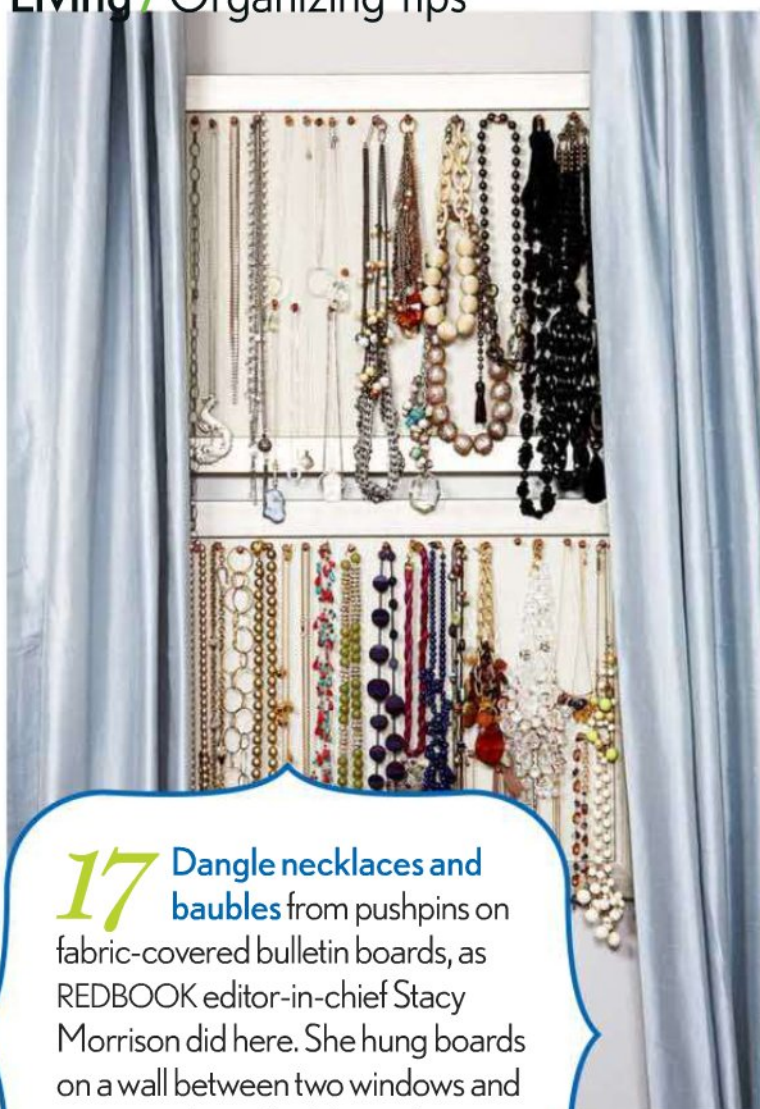
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17 Dangle necklaces and baubles from pushpins on fabric-covered bulletin boards, as REDBOOK editor-in-chief Stacy Morrison did here. She hung boards on a wall between two windows and now can always find the perfect accessory. (When the curtains are in place, the treasures are out of sight.)

18 Make yourself a YNK (you never know) box, says Alicia Rockmore, cofounder of Buttoned Up organizational products. Here's how: Empty the contents of a drawer (the kitchen utensil drawer, or a junk drawer) into a box. Then, every time you need one of the items, remove it from the box and return it to the drawer after you use it. After two months, whatever is still left in the box should be thrown out or donated.

19 Edit, edit, edit. How many pots can you fit on the stove at once? How many free pens do you really use? How many old T-shirts do you really need to save for the next paint project?

20 Give yourself permission to regift. Just because someone you care about gave you something does not mean you have to hold on to it for the rest of your life (even if you have room for it!). Pass it on to someone who will appreciate and use it.

21 Corral clutter where it lands. Keep containers near mess hot spots, such as the front door, the bedroom dresser, and the kitchen counter. Then empty them once in a while (or when they get full), put the items away, and start over.

22 As soon as you upload your new photos to the computer, create a digital photo book. As for old photos that never made it into an album, Donna Smallin, author of *A to Z Storage Solutions*, suggests organizing them in photo boxes, categorizing by vacation or time period so they're easily searchable.

23 Clean house like you're moving. Keep only those things you'd take if you relocated.

24 If you travel a lot and collect cards and brochures from favorite restaurants, shops, and activities, throw them all into one box when you get home. When a friend is headed someplace you've visited, you can sift through your box (like the one below) to pass along some suggestions. Everyone wins: You have one spot where stockpiling a mishmash of info is allowed, and friends get travel tips from someone they know and trust. **R**





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your doctor's hands.™



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Refissa 0.05% is a prescription medicine that may reduce fine facial wrinkles and mottled hyperpigmentation in patients who also protect their skin from the sun and wear sunscreen daily. Refissa does not eliminate wrinkles, repair sun damaged skin or reverse photo-aging. Do not use if you are pregnant, attempting pregnancy, or nursing. Do not use if taking medicines that may increase your sensitivity to sunlight. Refissa, early in treatment, may cause redness, itching, burning, stinging and peeling. If you are uncomfortable, use less medication and decrease the frequency of application. If discomfort is still significant, discontinue use and consult your physician. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088. Please see the brief summary of full Prescribing Information on the adjacent page. Refissa is a trademark of Spear Pharmaceuticals, Inc. © 2009 Spear Dermatology Products.

¹Rados C. Science meets beauty: using medicine to improve appearances. U.S. Food and Drug Administration Consumer Magazine. http://www.fda.gov/fdac/features/2004/204_beauty.html 2004;38(2). Accessed October 2, 2008.

IMPORTANT INFORMATION ABOUT REFISSA™

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Brief Summary (For full Prescribing Information and Patient Information, refer to package insert)

WHAT IS REFISSA?

Refissa is a prescription medication containing Tretinoin (retinoic acid) in a cream base. It is used topically to treat fine wrinkles, mottled hyperpigmentation, and roughness of facial skin.

WHO IS REFISSA FOR?

Refissa is for adults. It is not to be used by pregnant women or nursing mothers and children under the age of 18.

WHAT SHOULD I KNOW ABOUT TAKING REFISSA?

Protection from the sun is important; apply sunscreen (minimum of SPF 15) daily wherever you are applying Refissa. Refissa should not be used if you are taking medication known to cause sun sensitivity (e.g., thiazides, tetracyclines, fluoroquinolones, phenothiazines, sulfonamides or others) because of the increased risk of sun allergy or sunburn.

Use of tanning beds and sunlamps to the face should be avoided. Patients who have considerable sun exposure due to their occupation and those patients with eczema or inherent sensitivity to sunlight should exercise caution. Refissa should not be used if you are sunburned or your skin is irritated.

Refissa should be kept out of the eyes, mouth, angles of the nose, and mucous membranes. Topical use may cause severe local irritation reactions. Refissa should not be used if you are allergic to any of the ingredients in this product.

Use beyond 48 weeks has not been investigated in adequate and well-controlled trials. Safety and effectiveness in individuals with moderately or heavily pigmented skin have not been established. Application of larger amounts of Refissa than recommended has not been shown to lead to more rapid or better results, and using too much may increase discomfort, skin redness, and peeling.

WHAT ARE THE COMMON SIDE EFFECTS OF REFISSA?

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Use of skin products that may increase dryness and irritation of the skin should be used with caution. This includes products with astringents, alcohol, spices, or lime; shampoos, cleansers, or cosmetics with a strong drying effect; abrasive soaps, permanent wave solutions, hair depilatories or hair-removal waxes and electrolysis.

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Apply a pea or pearl-sized amount of cream (1/4" in diameter) to the face before retiring, using only enough to cover the entire affected area lightly. Patients should gently wash their face with a mild soap and wait 20 to 30 minutes before applying. Special caution should be taken to avoid the eyes, ears, nostrils, and mouth.

WHERE SHOULD I GO FOR MORE INFORMATION ABOUT REFISSA?

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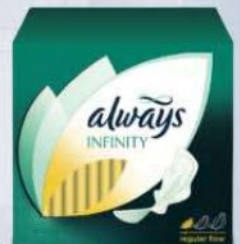
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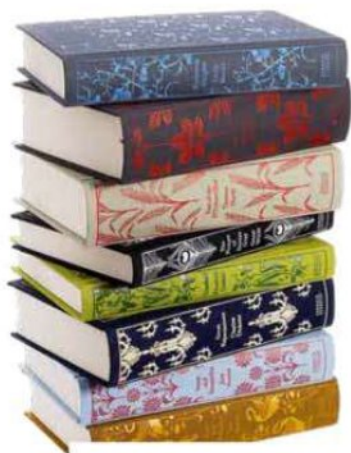
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*See pack for details. **5 ml, 10 minutes elapsed time. ©2009 P&G



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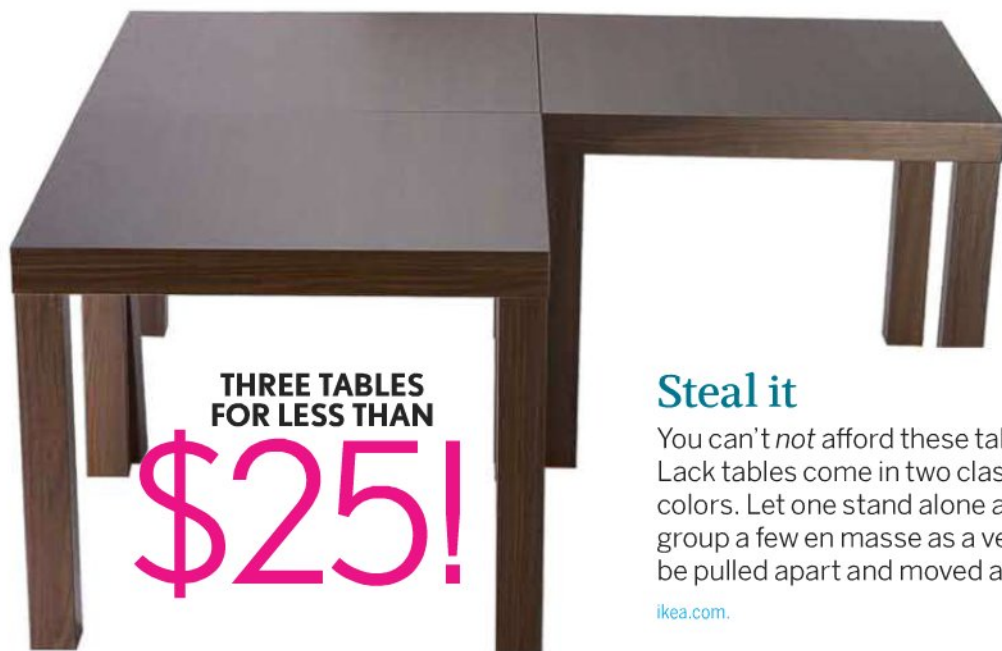
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A few new things to make your house a little homier.

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Skinny **suppers**

6 dishes that taste so great, you'll think there's no way they could be good for you—but they are! By Frank P. Melodia

low-fat,
under 400
calories



Vegetable pad thai

Prep time: 15 minutes

Cooking time: 15 minutes

- | | |
|--|---|
| 1/2 lb linguine-style flat rice stick noodles | 1 large red bell pepper, cut into thin strips |
| 1/3 cup Thai sweet chili sauce | 2 cups shredded carrots |
| 2 Tbsp each low-sodium soy sauce and fish sauce | 6 scallions, thinly sliced |
| 2 limes (1 juiced, 1 cut into wedges) | 3 large eggs, lightly beaten |
| 2 Tbsp canola oil | Bean sprouts (optional) |
| 2 tsp each minced garlic and grated fresh ginger | 2 cups fresh cilantro leaves |
| 3/4 lb mustard greens, stems discarded, leaves torn into small pieces and washed well (6 cups) | Chopped dry roasted peanuts, for garnish (optional) |

1. Bring 6 cups of water to a boil in a large saucepan; add noodles, stir to separate, then cover and remove from heat. Let stand 4 minutes, stirring once or twice, until softened. Drain; rinse with cold water. In a small cup, combine chili sauce, soy sauce, fish sauce, and lime juice.
2. Heat 1 1/2 Tbsp of the oil in a large nonstick skillet or wok over medium-high heat. Add garlic and ginger; sauté 30 seconds or until fragrant. Add greens and cover with lid for 2 minutes or until wilted. Add bell pepper, carrots, and scallions; stir-fry 4 minutes or until vegetables are crisp-tender. Remove vegetables to a bowl.
3. Return skillet to heat. Add remaining oil. When hot, add eggs and scramble just until set. Add to bowl with vegetables.
4. Return skillet to heat and add chili-sauce mixture and bring to a boil. Add noodles; gently toss, using a pasta fork, for 1 minute, to coat. Return vegetables and eggs to skillet. Cook, tossing with pasta fork, for 3 minutes or until hot and noodles are tender. Stir in bean sprouts, if desired.
5. Transfer to a serving bowl with cilantro and toss. Top with peanuts, if desired. Serve with lime wedges.

Makes 4 servings.

Each serving: 393 cal, 11g fat, 9g protein, 65g carb

Chicken and chard pasta fagioli

Prep time: 12 minutes

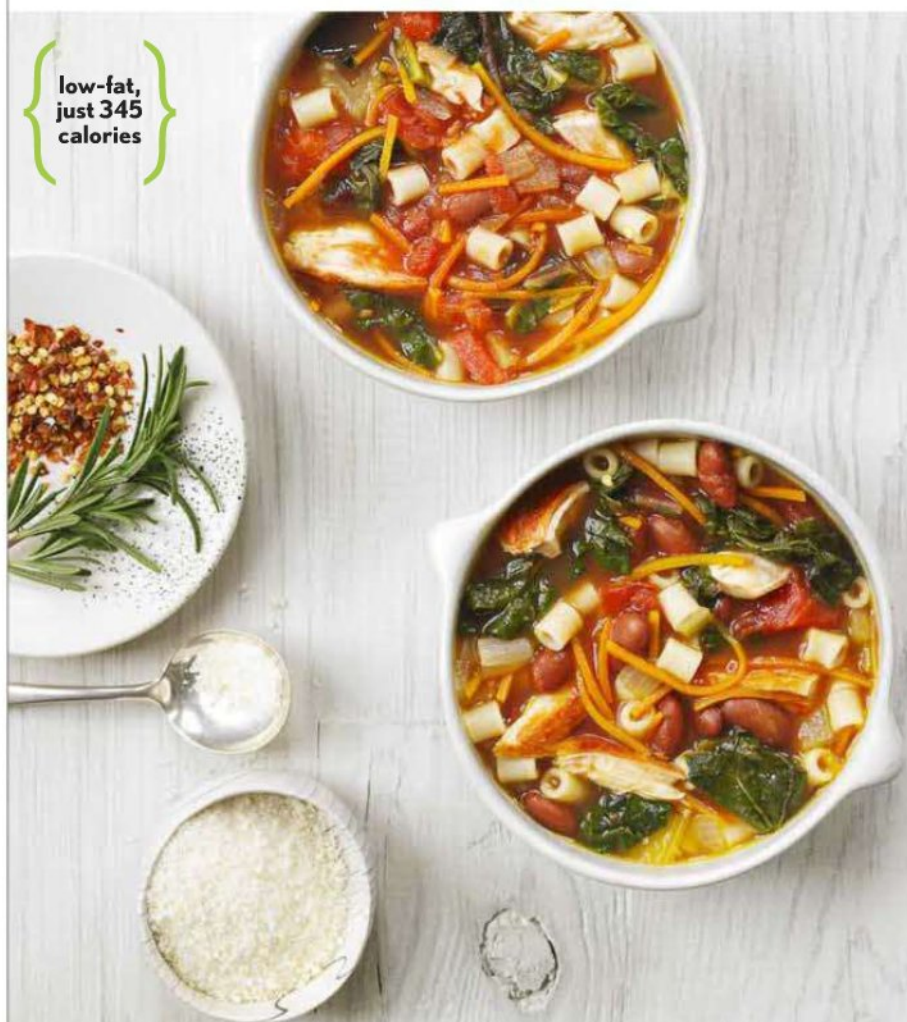
Cooking time: 30 minutes

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| 2 Tbsp olive oil | 5 cups reduced-sodium fat-free chicken broth |
| 3/4 lb Swiss chard, stems diced (1 cup), leaves torn (4 cups) | 1 (28-oz) can diced tomatoes, undrained |
| 1 1/4 cups each diced onion and shredded carrots | 1 (16-oz) can red kidney beans, rinsed, drained |
| 2 tsp chopped fresh rosemary leaves or 1 tsp dried rosemary | 2 cups shredded roasted chicken breast |
| 1 tsp chopped garlic | 1 1/4 cups (about 6 oz) ditalini or tubetini pasta |
| 1/4 tsp crushed red pepper flakes | 2 Tbsp grated Parmesan cheese, plus extra for serving (optional) |

1. Heat oil in a large pot over medium-high heat; add chard stems, onions, carrots, rosemary, garlic, and red pepper flakes. Sauté 5 minutes. Add chard leaves; sauté 2 minutes or until wilted.
2. Add broth, tomatoes, and beans; bring to a boil. Reduce heat to low, cover, and cook 10 minutes. Stir in chicken and pasta. Bring to a boil, reduce heat to low, cover, and simmer 8 to 10 minutes longer, until pasta is cooked. Stir in grated cheese. Ladle into bowls and serve with extra cheese, if desired.

Makes 6 servings.

Each serving: 345 cal, 8g fat, 28g protein, 44g carb



low-fat,
just 345
calories



Flank steak souvlakis

Prep time: 15 minutes
Cooking time: 14 minutes

under
350 calories,
less than
15 minutes

- | | |
|--|---|
| 1½ Tbsp olive oil | 2 Tbsp chopped fresh mint leaves |
| 1 Tbsp red wine vinegar | 1 each small yellow and orange bell pepper, cut into thin strips |
| 1½ tsp crushed garlic | 1 large onion, cut into thin strips |
| 1 tsp dried oregano | 4 whole-wheat sandwich wraps with rosemary (9 to 10 inches), warmed according to package directions |
| ½ tsp each kosher salt and freshly ground pepper | 8 Romaine lettuce leaves |
| ¾ lb flank steak | |
| ¾ cup fat-free Greek yogurt | |
| 1 small seedless cucumber, grated (⅓ cup) | |

1. In a small cup, combine 1 Tbsp of the oil, vinegar, 1 tsp of the garlic, oregano, and ¼ tsp each of the salt and pepper; brush over flank steak and let marinate on a plate at room temperature 10 minutes. Meanwhile, heat a stovetop grill pan over medium heat.
2. In a small bowl, stir together yogurt, cucumber, mint, and the remaining garlic, salt, and pepper until blended.
3. Grill steak 6 to 7 minutes per side or until the internal temperature registers 140°F on an instant-read thermometer, for medium-rare. Transfer to a cutting board and let rest 5 minutes.
4. While steak is grilling, heat remaining oil in a large nonstick skillet over medium-high heat. Add peppers and onions and sauté 8 minutes or until crisp-tender.
5. Thinly slice steak across the grain. Top each wrap with 2 lettuce leaves, steak, peppers, onions, and some yogurt sauce. Roll wraps around filling. Wrap souvlakis in parchment or foil.

Makes 4 servings.

Each serving (with 3 Tbsp sauce): 333 cal, 13g fat, 24g protein, 31g carb

Shrimp tacos with warm corn salsa

Prep time: 15 minutes
Cooking time: 10 minutes

SALSA

- | | |
|---|---|
| 1 cup fresh or frozen corn kernels | 1 Tbsp olive oil |
| 1 (14½-oz) can fire-roasted petite diced tomatoes with chipotle peppers | ½ tsp each minced garlic and ground cumin |
| ⅓ cup finely diced red onion | ¾ lb medium shrimp, peeled, deveined |
| ¼ cup chopped fresh cilantro | ¼ tsp each salt and pepper |
| 1½ Tbsp fresh lime juice | 1 Tbsp fresh lime juice |

SHRIMP TACOS

- | | |
|------------------|--|
| 8 corn tortillas | 1 small Hass avocado, peeled, pitted, and finely diced |
|------------------|--|

1. **Salsa:** Heat corn in a dry large nonstick skillet over high heat and cook, tossing corn frequently, 4 minutes or until lightly charred in spots. Add tomatoes and onions; cook 2 minutes. Transfer to a medium bowl. Stir in cilantro and lime juice. Keep salsa warm.
2. **Tacos:** Stack tortillas and wrap in damp paper towels. Place in microwave.
3. Heat oil, garlic, and cumin in a large nonstick skillet over medium heat. Add shrimp, salt, and pepper and cook 3 to 4 minutes, tossing several times until shrimp are firm and cooked through; remove from heat and toss with lime juice.
4. While shrimp cook, steam tortillas in microwave on high 1 to 2 minutes or until softened. Fill each tortilla with 6 or 7 shrimp and top with warm corn salsa and diced avocado.

Makes 4 servings.

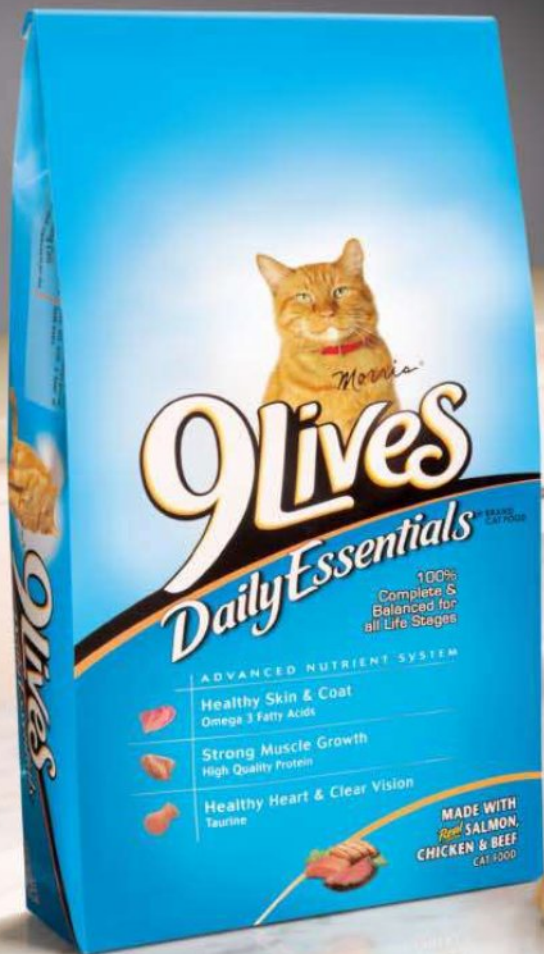
Each serving (with ½ cup salsa): 352 cal, 13g fat, 20g protein, 43g carb



only 352
calories,
10 minutes

Cats can't exactly whip up a smoothie,
but you can give us something
just as nutritious.

- Morris®



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A tradition of being non-traditional.

Grilled pork with glazed apples and yam mash

Prep time: 15 minutes
Cooking time: 26 minutes

low-fat,
under 500
calories



- | | |
|---|--|
| 3 medium garnet yams or sweet potatoes (1¼ lb total), peeled, cut into ¾-inch cubes | 2 Tbsp yellow mustard |
| ¼ cup skim milk | 1 Tbsp grated onion or shallot |
| ¼ cup packed light brown sugar | ½ tsp each ground cumin and apple pie spice |
| 2 tsp unsalted butter | 3 large Golden Delicious apples, cut crosswise into 4 thick slices |
| ¾ tsp each kosher salt and freshly ground pepper | 8 (2-oz) thin-cut boneless loin pork chops (½-inch thick) |
| ½ cup frozen apple juice concentrate, thawed | Olive oil cooking spray |

1. Combine yams and milk in a 2-quart glass measure or bowl; cover with vented plastic wrap. Microwave on high 10 minutes; let stand 5 minutes. Add sugar, butter, and ¼ tsp each of the salt and pepper; mash until smooth. Keep warm.
2. Meanwhile, heat a double stovetop grill pan over medium heat. Adjust oven rack 6 inches from broiler source; heat broiler.
3. In a 2-cup glass measure, whisk juice concentrate, mustard, onion, cumin, and spice; microwave on high 3 minutes or until glaze boils and begins to thicken. Arrange apple slices on broiler pan rack; brush apples with glaze. Broil 3 minutes, turn slices, then brush with more glaze. Broil second side 3 minutes or until lightly browned and tender.
4. Meanwhile, season pork chops on both sides with remaining salt and pepper and lightly coat with cooking spray. Grill pork chops 7 minutes, turning once and brushing with remaining glaze, until just barely pink in thickest part when cut with a knife. Serve with apple slices and mashed yams.

Makes 4 servings.

Each serving: 495 cal, 10g fat, 27g protein, 78g carb

Living / Healthy Meals



Turkey piccata

Prep time: 12 minutes
Cooking time: 9 minutes

just 220
calories,
less than
10 minutes

- | | |
|--|---|
| 2 lemons | 4 large fresh thyme sprigs |
| $\frac{1}{3}$ cup plain breadcrumbs | $\frac{1}{2}$ cup dry white wine |
| 4 ($\frac{1}{2}$ -inch-thick) turkey breast cutlets (1 pound) | 2 Tbsp each minced shallot and drained capers |
| Olive oil cooking spray | 1 Tbsp unsalted butter |
| 1 pint grape or cherry tomatoes | |

1. Cut off peel and pith from lemons. Cut into slices, then cut slices in half; reserve. Spread breadcrumbs on waxed paper. Press cutlets into crumbs to coat.
2. Coat a large nonstick skillet with cooking spray and place over medium-high heat. Lightly spray cutlets with cooking spray. Cook $2\frac{1}{2}$ minutes per side or until golden and no longer pink in thickest parts. Remove to a platter and keep warm.
3. Add tomatoes and thyme to skillet, raise heat to high, and cook, shaking pan, for 2 to 3 minutes or until tomato skins start to char and split in spots; transfer to platter.
4. Add wine, shallot, and capers to skillet; boil 1 minute or until wine is reduced by half. Reduce heat and swirl in butter and reserved lemon slices until butter is emulsified. Spoon over turkey and serve with tomatoes.

Makes 4 servings.

Each serving: 220 cal, 4g fat, 29g protein, 15g carb



*Give your lunch a kick.
Flatbread Melts.*

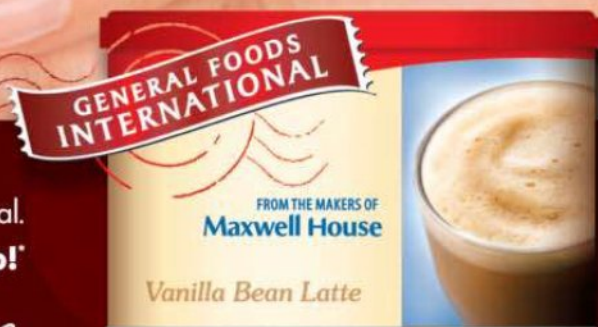
The delightfully toasty Chicken Bacon Club, one of four Flatbread Melts under 400 calories. They're all the taste of takeout, but right in your grocer's freezer. www.cpkfrozen.com

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Introducing **luscious lattes** from General Foods International. Creamy. Frothy. Delicious. And perfectly priced at **20¢ a cup!***

Welcome to the new coffeehouse...your house.



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Escape

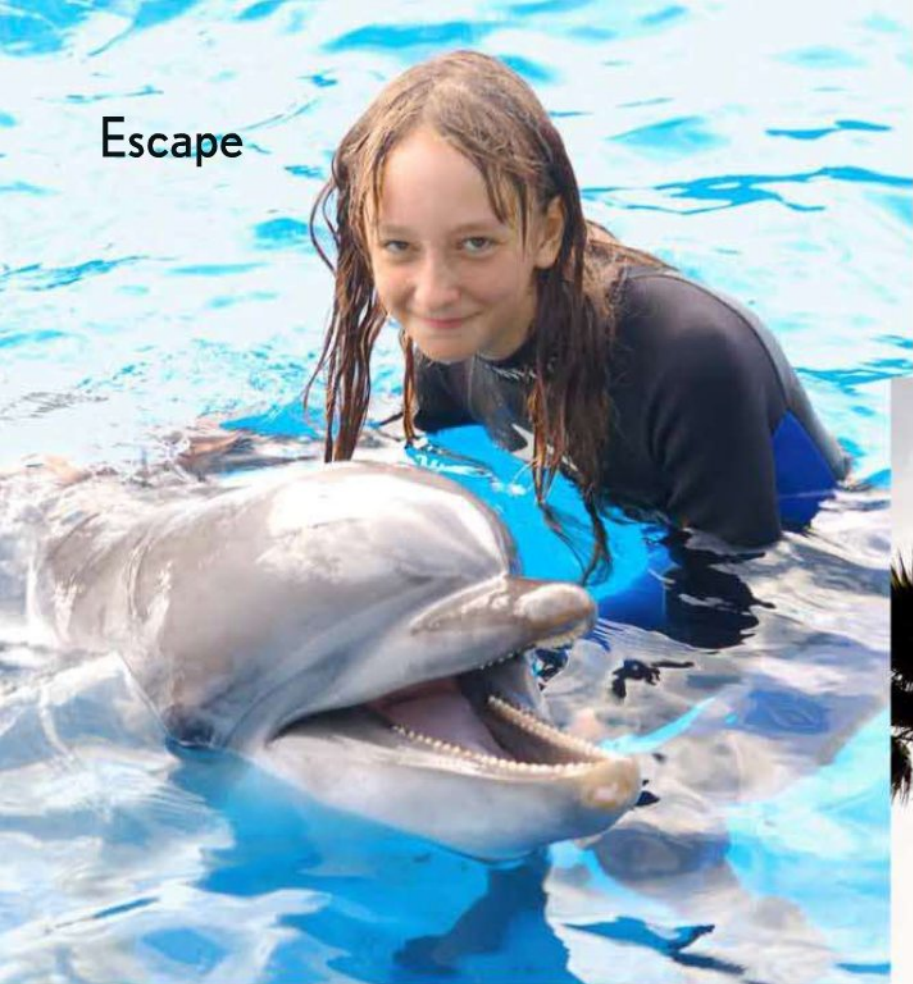
Fill your month with a little fun

The perfect getaway

Yes, it is possible to pack family fun, a little romance, and much-needed "me time" into one weekend.

p.148

Escape



Clockwise from left: After initial nervousness, Maren had a great time with her dolphin buddy at SeaWorld; the intoxicating view of La Jolla's coastline; Shell Beach, one of its famously beautiful beaches.



One weekend, three escapes

Romantic getaway? Family vacation? Much-deserved alone time? Minneapolis stepmom Margaret Brower discovers she *can* have it all in one San Diego weekend.

By Margaret Brower

When I was single, I took an adventure vacation each year. I hiked Crete's famous Samaria Gorge, cross-country skied Minnesota's frozen Boundary Waters, and climbed the Sierra Nevada with a 50-pound backpack. I had promised myself that my next physical challenge would be learning how to surf. But since I got married almost three years ago and became stepmom to Maren, 11, my adventures have taken a back seat to the basic routine of everyday life. That all changed last summer, though, when the vacation stars seemed to align in my favor. When my husband, Scott, got called to sunny, 70-degree San Diego on business, we decided that Maren and I would tag along to make it a mini-vacation. ►

CLOCKWISE FROM TOP LEFT: COURTESY OF SUBJECT, AMY HALL (2)

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FRIDAY Couple time

Earlier in the week, Scott had dropped Maren off at the San Diego Zoo's Wild Animal Park Animal Care Boot Camp (sandiegozoo.org), which offers kids four nights' camping at the park while teaching them about the animals in residence. So when I got to San Diego, we had the first 18 hours of the weekend all to ourselves. We headed to La Jolla, an upscale, coastal suburb about 10 miles north of San Diego. Perched above jagged cliffs and overlooking the Pacific Ocean's sunsets, La Jolla has boutique-lined streets, tons of restaurants, and soft sand beaches. I found an affordable place to stay downtown: the La Jolla Beach Travelodge (lajollatravelodge.com). After we checked in, we dined alfresco at Barbarella Restaurant & Bar, and as the sun sank into the sea, Scott squeezed my hand from across the table. I knew this was exactly where I wanted to be.

SATURDAY MORNING Solo adventure

The next morning I woke up excited and nervous about the surf lesson I had planned for myself. Scott had some work to finish up, so I left him at a neighborhood coffee shop. Then I headed to Surf Diva (surfdiva.com), a surf school for women. After I met my instructor, I was outfitted in a wet suit—and suddenly entirely unsure of what I was doing. *What if I can't get up on the board? What if I'm not in good enough shape?* Fortunately, I didn't have much time to worry; I caught a wave my first time out. I *loved* it. Surfing is beautiful: nothing motorized, just a girl, a board, and a wave. And it was peaceful—I thought it would be intense (read: stressful!) the way downhill skiing can be, but it was more like floating on air.

After two hours of riding waves, I felt thoroughly invigorated. I'd succeeded at something I'd always wanted to try. Woo-hoo!

SATURDAY AFTERNOON AND SUNDAY Family fun

Scott and I picked Maren up late in the day on Saturday and headed to our new hotel, the Loews Coronado Bay resort (loewshotels.com/coronadobay). To get to Coronado Island, you have to take a bridge

that spans San Diego Bay. As we drove, I looked west and saw nothing but dunes and the setting sun. I felt like we were leaving the world behind, heading for our own little Shangri-la.

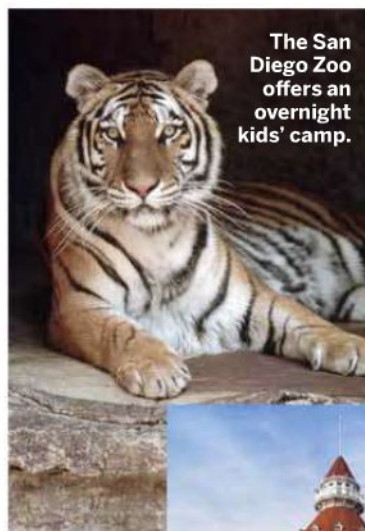
We reached the resort, dropped our bags in our room, then headed back to the lobby, settled into three overstuffed chairs, and ordered dessert. As I enjoyed my cake, it struck me how my vacation had metamorphosed over the past 24 hours. The first night had been a romantic interlude with Scott. The next morning, I was focused on my surfing adventure. And now, just eight hours later, I was among my family of three—marveling at the fact that I even *had* a family after being single for 42 years. I felt so grateful for my loving husband and for Maren, whom I have discovered to be as much my friend as she is my stepchild.

I had booked a surprise for just Maren and me at SeaWorld on Sunday morning: The Dolphin Interaction Program. After we arrived at the park, we got into a pool of waist-high cold salt water. Maren seemed a bit tentative at first, so I willed every ounce of courage I had her way. Before I knew it, she was holding our new dolphin friend, Purina, by the fins and having a great time. We waved our hands and slapped the water as Purina waved back and splashed us. We touched her forehead and Purina replied with a raspberry. We tossed fish in her mouth, felt her smooth skin as she swam by, and kissed her on the nose. It seemed like amazing luck that I was able to be there with Maren—the luck of a husband who encouraged my relationship with his daughter, and the luck of a stepdaughter who lets me believe she's a bit safer with me by her side.

By Sunday night, we were all exhausted, so we resorted to what we knew best: ordering dessert from the comfort of our overstuffed chairs. The next morning we would fly home, but right then, as we dug into our delicious crème brûlée, we felt happy where we were. ►



"I simply marveled at the fact that I had a family after being single for 42 years."



The San Diego Zoo offers an overnight kids' camp.



Step back in time with a visit to the Hotel del Coronado.

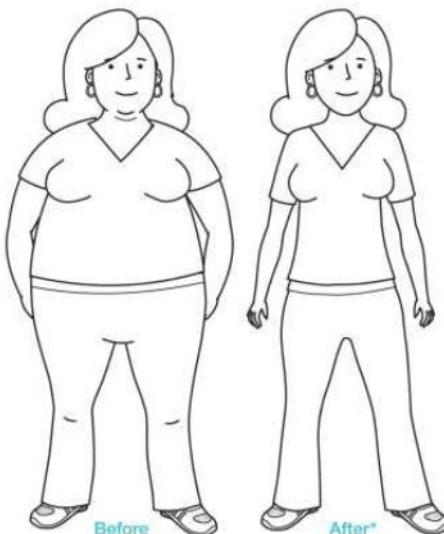
For men, a successful diet means giving up beer.

For women, weight loss is a much more complex thing.

Thank your XX chromosomes for your wobbly bits. It's not fair, but female bodies are genetically disposed to carry extra fat; compared to males we have more enzymes for fat storage and less for fat burning. Add in the psychology of being a woman that makes it hard to diet and easy to overeat – wonky hormones, little energy, no “you” time - and no wonder “after” feels unattainable.



Unlike other weight-loss supplements that claim to have one magic solution, **SLIMQUICK®** addresses 6 ways that women lose weight. Designed especially with women in mind, it uses clinically researched key ingredients that work in a unique combination to burn fat and calories.



SLIMQUICK® helps women lose weight in 6 ways:

1. Extra water is good to carry around in a bottle, not so much in you. SLIMQUICK® helps reduce excess water that can make you temporarily bloat and not fit into your skinny jeans.



2. Hormonal spikes and dips are linked to goopy, non-diet friendly food.

By steadying your hormones throughout the month, **SLIMQUICK®** helps you reduce the symptoms that lead to overeating, overindulging and overdoing.

3. Stress is synonymous with eating too much of the wrong things. SLIMQUICK® can help your body cope with the effects of stress more effectively.

4. You can't have the metabolism of a guy, or your 16-year-old self. However, SLIMQUICK® helps boost your metabolic rate and ups the amount of calories you burn.

5. Particularly when your day is busy, a woman doesn't always have the energy to exercise regularly. SLIMQUICK® boosts your energy level and your odds of making it to the gym.

6. It's a simple equation; eat fewer calories than you burn to lose weight. SLIMQUICK® helps shrink your appetite so that you are better able to sustain a lower calorie diet.

Try the 6 ways (plus diet and exercise, of course) as a part of your plan to get into your skinny jeans. Or just to leave the harsh, fluorescent-lit reality of “before.” Whatever the reason, know that **SLIMQUICK®** is designed for women so it will address your female body in a way that unisex pills don't. After, you can address another unique part of being a female: the urge to shop for new clothes.



Also available in delicious powder packets



Visit myslimquick.com for more weight-loss guidelines, tips and support.

Supercenters

Walgreens

CVS/pharmacy

RITE AID

TARGET

Kmart

*Dramatization. Results not typical. Cartoons lose weight easily. Real people require exercise and a reduced calorie diet to lose weight. †Offer valid while quantities last at participating retailers only. Access code for downloads and details to redeem inside marked boxes of Weight Loss caplets and Mixed Berries packets. Read entire label before use and follow directions. The logos and marks presented including SLIMQUICK® are protected by trademark law and may not be used without consent. ©2009. All rights reserved.

Escape / Getaway

What to do in San Diego



Humphrey's Half Moon Inn and Suites



Belmont Park



Legoland



San Diego Wine & Culinary Center

3 places to stay

WITH THE KIDS

Located on Shelter Island, just minutes from downtown,

Humphrey's Half Moon Inn and Suites has a fun Polynesian vibe and many rooms with kitchenettes. (Traditional rooms from \$99; halfmooninn.com)

WITH YOUR GUY

The Victorian beachfront **Hotel del Coronado** oozes romance. Cozy up around a fire pit at the Sunset Bar and, well, watch the sunset. Bond with your guy while taking surfing or yoga classes, get a couples massage, or rent a tandem bicycle. (Rooms from \$325; hoteldel.com)

BY YOURSELF

The **Hard Rock Hotel San Diego**, located in the Gaslamp Quarter with easy access to shopping and nightlife, offers a "Flyin' Solo" package for \$528. Designed for the single traveler, the package includes two nights' hotel accommodations, a \$100 spa credit at the Rock Spa, breakfast at the onsite Maryjane's Coffee Shop, and admission to tons of cultural attractions. (hardrockhotelsd.com)

3 places to eat

WITH THE KIDS

You can't find fresher fish in San Diego than at **Point Loma Seafoods**, a restaurant/seafood market located right in the middle of Point Loma's fishing docks. It offers everything from crab-cake sandwiches to fish tacos so it's sure to satisfy everyone's appetite for fish. (pointlomaseafoods.com)

WITH YOUR GUY

George's at the Cove offers three dining experiences in one place: a casual bistro menu at George's Bar, regional rooftop dining on the top floor at Ocean Terrace, and an upscale, contemporary menu at California Modern. (georgesatthecove.com)

BY YOURSELF

The Green Flash is the perfect people-watching spot: The Pacific Beach boardwalk is just inches from the tables. If you're lucky, you'll glimpse the restaurant's namesake: a "green flash" is a phenomenon that occurs at sunset when the very upper rim of the sun hits the horizon. (greenflashrestaurant.com)

3 places to check out

WITH THE KIDS

The little ones will love **Legoland** (legoland.com), or opt for **Belmont Park** at the Mission Beach boardwalk (belmontpark.com). In addition to mini golf and an arcade, it features two restored landmarks: the Plunge, San Diego's largest indoor swimming pool, built in 1925, and the Giant Dipper, a restored wooden roller coaster.

WITH YOUR GUY

Take the San Diego Trolley Orange Line and get off at the Convention Center stop for the **San Diego Wine & Culinary Center**. Its tasting room offers the best of Southern California wines and artisan cheeses. Enjoy sunset wine tastings on the expansive patio, knowing that you don't have to drive. (sdwineculinary.com)

BY YOURSELF

Leave the family at the beach and head to **Carlsbad Premium Outlets** for some serious shopping. Outlet stores include Banana Republic, Cole Haan, Coach, Crate and Barrel, and more. —Cari Dineen



SAVE* ON REFILLS

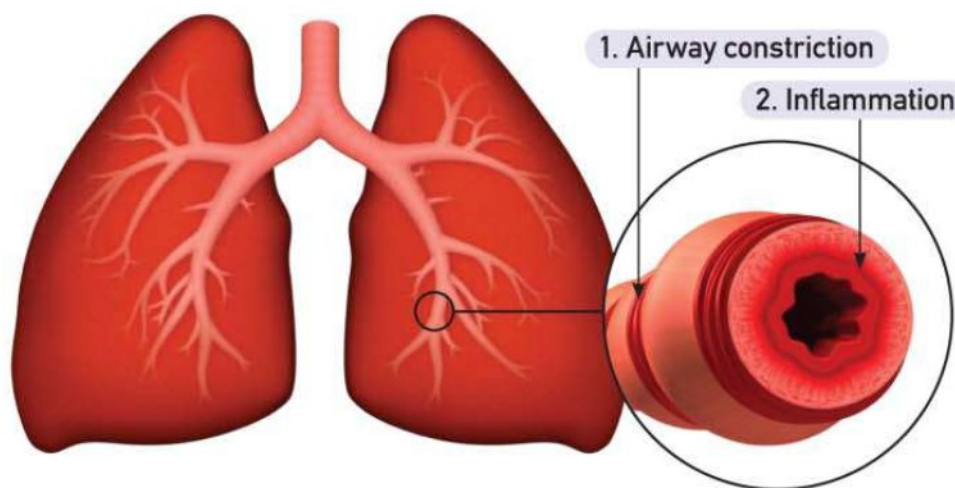
at ADVAIR.com or call 1-800-4ADVAIR

Taken twice a day,
ADVAIR helps keep symptoms away.

Please see Important Safety Information to the right.

ADVAIR DISKUS[®] 100/50
(fluticasone propionate 100 mcg and salmeterol 50 mcg inhalation powder)

Asthma has 2 main causes.
Treating both with ADVAIR® helps prevent symptoms.



If your symptoms keep coming back, it could be that your controller medicine[†] can't treat both main causes of asthma.

ADVAIR treats both main causes to help prevent symptoms from occurring in the first place.



Get your first full prescription FREE.* Go to ADVAIR.com or call 1-800-4ADVAIR.

Important Safety Information About ADVAIR DISKUS

Prescription ADVAIR won't replace fast-acting inhalers for sudden symptoms and should not be taken more than twice a day. ADVAIR is for people who still have symptoms on another asthma controller, or who need two controllers. ADVAIR contains salmeterol. In patients with asthma, medicines like salmeterol may increase the chance of asthma-related death. So ADVAIR is not for people whose asthma is well controlled on another controller medicine.

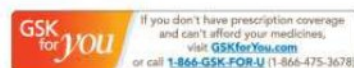
Talk to your doctor about the risks and benefits of treating your asthma with ADVAIR. Do not use ADVAIR with long-acting beta₂-agonists for any reason. If you are taking ADVAIR, see your doctor if your asthma does not improve or gets worse. Thrush in the mouth and throat may occur. Tell your doctor if you have a heart condition or high blood pressure. Some people may experience increased blood pressure, heart rate, or changes in heart rhythm. ADVAIR is for patients 4 years and older. For patients 4 to 11 years old, ADVAIR 100/50 is for those who have asthma symptoms while on an inhaled corticosteroid.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

*Subject to eligibility. Restrictions apply.

[†]ADVAIR contains 2 medicines; other products may contain just 1.

Please see accompanying Important Safety Information about ADVAIR DISKUS on next page.



What is the most important information I should know about ADVAIR DISKUS?

- In patients with asthma, long-acting beta₂-agonist (LABA) medicines, such as salmeterol (one of the medicines in ADVAIR DISKUS), may increase the chance of death from asthma problems. In a large asthma study, more patients who used salmeterol died from asthma problems compared with patients who did not use salmeterol. It is not known whether fluticasone propionate, the other medicine in ADVAIR DISKUS, changes your chance of death from asthma problems seen with salmeterol. Talk with your healthcare provider about this risk and the benefits of treating your asthma with ADVAIR DISKUS.
- ADVAIR DISKUS does not relieve sudden symptoms. Always have a fast-acting inhaler (short-acting beta₂-agonist medicine) with you to treat sudden symptoms. If you do not have a fast-acting inhaler, contact your healthcare provider to have one prescribed for you.
- Do not stop using ADVAIR DISKUS unless told to do so by your healthcare provider because your symptoms might get worse.
- ADVAIR DISKUS should be used only if your healthcare provider decides that another asthma-controller medicine alone does not control your asthma or that you need 2 asthma-controller medicines.
- Call your healthcare provider if breathing problems worsen over time while using ADVAIR DISKUS. You may need different treatment.
- Get emergency medical care if:
 - breathing problems worsen quickly, and
 - you use your fast-acting inhaler, but it does not relieve your breathing problems.

What is ADVAIR DISKUS?

- ADVAIR DISKUS contains 2 medicines:
 - fluticasone propionate (the same medicine found in FLOVENT[®]), an inhaled corticosteroid medicine. Inhaled corticosteroids help to decrease inflammation in the lungs. Inflammation in the lungs can lead to asthma symptoms.
 - salmeterol (the same medicine found in SEREVENT[®]), a LABA. LABA medicines are used in patients with asthma or chronic obstructive pulmonary disease (COPD). LABA medicines help the muscles around the airways in your lungs stay relaxed to prevent symptoms, such as wheezing and shortness of breath. These symptoms can happen when the muscles around the airways tighten. This makes it hard to breathe. In severe cases, wheezing can stop your breathing and cause death if not treated right away.

Asthma

ADVAIR DISKUS is used long term, twice a day, to control symptoms of asthma and to prevent symptoms such as wheezing in adults and children ages 4 and older.

Chronic Obstructive Pulmonary Disease (COPD)

COPD is a chronic lung disease that includes chronic bronchitis, emphysema, or both. ADVAIR DISKUS 250/50 is used long term, twice a day, to help improve lung function for better breathing in adults with COPD. ADVAIR DISKUS 250/50 has been shown to decrease the number of flare-ups and worsening of COPD symptoms (exacerbations).

Who should not use ADVAIR DISKUS?

Do not use ADVAIR DISKUS:

- to treat sudden, severe symptoms of asthma or COPD
- if you have a severe allergy to milk proteins. Ask your doctor if you are not sure.

Important Safety Information About ADVAIR DISKUS

This brief summary does not take the place of talking to your healthcare provider about your medical condition or treatment.

What should I tell my healthcare provider before using ADVAIR DISKUS?

Tell your healthcare provider about all of your health conditions, including if you:

- have heart problems
- have high blood pressure
- have seizures
- have thyroid problems
- have diabetes
- have liver problems
- have osteoporosis
- have an immune system problem
- are pregnant or planning to become pregnant. It is not known if ADVAIR DISKUS may harm your unborn baby
- are breastfeeding. It is not known if ADVAIR DISKUS passes into your milk and if it can harm your baby
- are allergic to any of the ingredients in ADVAIR DISKUS, any other medicines, or food products
- are exposed to chickenpox or measles

Tell your healthcare provider about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal supplements. ADVAIR DISKUS and certain other medicines may interact with each other. This may cause serious side effects. Especially, tell your healthcare provider if you take ritonavir. The anti-HIV medicines Norvir[®] (ritonavir capsules) Soft Gelatin, Norvir[®] (ritonavir oral solution), and Kaletra[®] (lopinavir/ritonavir) Tablets contain ritonavir.

Know the medicines you take. Keep a list and show it to your healthcare provider and pharmacist each time you get a new medicine.

How do I use ADVAIR DISKUS?

Do not use ADVAIR DISKUS unless your healthcare provider has taught you and you understand everything. Ask your healthcare provider or pharmacist if you have any questions.

- Children should use ADVAIR DISKUS with an adult's help, as instructed by the child's healthcare provider.
- Use ADVAIR DISKUS exactly as prescribed. Do not use ADVAIR DISKUS more often than prescribed. ADVAIR DISKUS comes in 3 strengths. Your healthcare provider will prescribe the one that is best for your condition.
- The usual dosage of ADVAIR DISKUS is 1 inhalation twice a day (morning and evening). The 2 doses should be about 12 hours apart. Rinse your mouth with water after using ADVAIR DISKUS.
- If you take more ADVAIR DISKUS than your doctor has prescribed, get medical help right away if you have any unusual symptoms, such as worsening shortness of breath, chest pain, increased heart rate, or shakiness.
- If you miss a dose of ADVAIR DISKUS, just skip that dose. Take your next dose at your usual time. Do not take 2 doses at one time.
- Do not use a spacer device with ADVAIR DISKUS.
- Do not breathe into ADVAIR DISKUS.
- While you are using ADVAIR DISKUS twice a day, do not use other medicines that contain a LABA for any reason. Ask your healthcare provider or pharmacist if any of your other medicines are LABA medicines.
- Do not change or stop any of your medicines used to control or treat your breathing problems. Your healthcare provider will adjust your medicines as needed.
- Make sure you always have a fast-acting inhaler with you. Use your fast-acting inhaler if you have breathing problems between doses of ADVAIR DISKUS.

Call your healthcare provider or get medical care right away if:

- your breathing problems worsen with ADVAIR DISKUS
- you need to use your fast-acting inhaler more often than usual
- your fast-acting inhaler does not work as well for you at relieving symptoms
- you need to use 4 or more inhalations of your fast-acting inhaler for 2 or more days in a row
- you use 1 whole canister of your fast-acting inhaler in 8 weeks' time
- your peak flow meter results decrease. Your healthcare provider will tell you the numbers that are right for you.
- you have asthma and your symptoms do not improve after using ADVAIR DISKUS regularly for 1 week

What are the possible side effects with ADVAIR DISKUS?

- See "What is the most important information I should know about ADVAIR DISKUS?"
- Patients with COPD have a higher chance of getting pneumonia. ADVAIR DISKUS may increase the chance of getting pneumonia. Call your healthcare provider if you notice any of the following symptoms:
 - increase in mucus (sputum) production
 - change in mucus color
 - increased breathing problems
 - fever
 - increased cough
 - chills
- serious allergic reactions. Call your healthcare provider or get emergency medical care if you get any of the following symptoms of a serious allergic reaction, including:
 - rash
 - swelling of the face, mouth, and tongue
 - hives
 - breathing problems
- increased blood pressure
- chest pain
- a fast and irregular heartbeat
- headache
- tremor
- nervousness
- weakened immune system and a higher chance of infections
- lower bone mineral density. This may be a problem for people who already have a higher chance of low bone density (osteoporosis).
- eye problems including glaucoma and cataracts. You should have regular eye exams while using ADVAIR DISKUS.
- slowed growth in children. A child's growth should be checked often.

Other common side effects include:

- hoarseness and voice changes
- throat irritation
- thrush in the mouth and throat
- respiratory tract infections

Tell your healthcare provider about any side effect that bothers you or that does not go away.

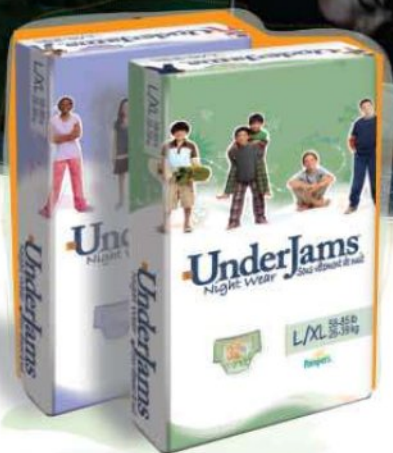
These are not all the side effects with ADVAIR DISKUS. Ask your healthcare provider or pharmacist for more information. Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

Ask your healthcare provider or pharmacist for additional information about ADVAIR DISKUS. You can also contact the company that makes ADVAIR DISKUS (toll free) at 1-888-825-5249 or at www.advaair.com.

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Down Time

JANUARY'S REDHOTPICKS

1 [TV] **Be Good Johnny Weir** Can't wait till next month to get your Winter Olympics on? Turn on Sundance Channel's reality show about U.S. figure skating rebel Johnny Weir. He finished fifth at the 2006 Games; watch now as he trains to finally claim gold. (Premieres January 18, 10:30 p.m. ET)

2 [MUSIC] **Vampire Weekend's** second album, *Contra*, will keep the indie-music darlings as popular as ever. Their clever lyrics, imaginative blending of sounds, and ever-present catchy hooks are a perfect start for your 2010 party playlists.

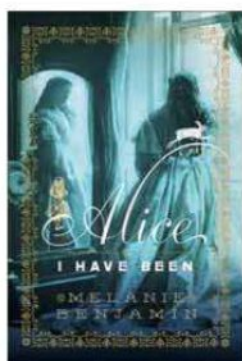
3 [TV] **Southland** TNT is giving NBC's critically acclaimed (but canceled) cop drama another chance. Starring Michael Cudlitz and *The O.C.*'s sexy Ben McKenzie, the show kicks off on its new home on January 12. (Tuesdays, 10 p.m. ET)

4 [DVD] The film **Bright Star** is a tearjerker. But it's also a beautiful—and beautifully told—story about the tragically brief but deeply passionate love affair between the poet John Keats (Ben Whishaw) and his neighbor Fanny Brawne (Abbie Cornish). Written and directed by Jane Campion.

5 [TV] It's **Grammy** time! Which means it's also time to watch your favorite seasoned artists get their butts kicked by your favorite tween pop princes and princesses like the Jonas bros and Miley Cyrus. And there's no telling *what* Kanye West will be up to. (January 31, CBS, 8 p.m. ET)



Vampires, vampires, everywhere! Musical ones (above) and new film versions (below).



U.S. figure skater Johnny Weir is a rebel with a cause: winning a 2010 Olympic gold medal.

6 [MOVIE] **Daybreakers** If it feels like vampires are slowly taking over the world, well, in this movie they actually have. And they're running woefully short on their food supply—that would be blood. Willem Dafoe, Ethan Hawke, and Sam Neill fight it out in this intriguing futuristic fantasy. (In theaters January 8)

7 [BOOK] **Alice I Have Been** by Melanie Benjamin. In fiction, characters only grow up if the authors want them to—which is why Alice in Wonderland will forever be a little girl who fatefully slips down a rabbit hole. But this novel blends fact and fiction to create a full portrait of the woman who inspired *Wonderland* author Lewis Carroll and shows us that there is a price to pay for being forever young.

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A Healthy Diet During Pregnancy Can Help Prevent Birth Defects And Clefts. Diet is an important part of pregnancy. Eat a healthy diet that contains lots of fruits and vegetables and foods fortified with folic acid. According to the U.S. Government, women who plan to have a child should be sure to take sufficient levels of folic acid (400 micrograms per day) during pregnancy to help prevent neural tube defects and reduce the risk for cleft lip and palate. When folic acid is taken one month before conception and throughout the first trimester, it has been proven to reduce the risk for neural tube defects by 50 to 70 per cent. Be sure to receive proper prenatal care, quit smoking, and follow your health care provider's guidelines for foods to avoid during pregnancy. Foods to avoid may include raw or undercooked seafood, beef, pork or poultry; delicatessen meats; fish that contain high levels of mercury; smoked seafood; fish exposed to industrial pollutants; raw shellfish or eggs; soft cheeses; unpasteurized milk; pâté; caffeine; alcohol; and unwashed vegetables. For more information, visit www.SmileTrain.org. The Smile Train is a 501 (c)(3) nonprofit recognized by the IRS, and all donations to The Smile Train are tax-deductible in accordance with IRS regulations. © 2010 The Smile Train.

FILM FORUM

What to see—and whom to see it with

TAKE YOUR GUY TO When in Rome

After Beth (Kristen Bell) takes a coin from a magic fountain and wishes for love, she gets her wish—*way* too many times over—and has to wade through the weirdos (Will Arnett, Jon Heder) to find Mr. Right (who might be Josh Duhamel). This not-too-sweet rom-com will send you both home from date night happy.



TAKE YOUR MOM AND DAD TO Extraordinary Measures

Some parents move mountains; others conquer incurable diseases. In this stirring drama, John Crowley (Brendan Fraser) and his steadfast wife (Keri Russell) work tirelessly to save their children from a rare neuromuscular disorder.

TAKE YOUR GIRLFRIENDS TO Leap Year

Anna (Amy Adams) wants to get married; her boyfriend, Jeremy (Adam Scott), is in no rush. So when he heads to Dublin, Anna decides to try an old Irish tradition: On February 29, women can propose to their men. She follows Jeremy overseas, but will a handsome Irishman (Matthew Goode) derail her plans? The path of true love never runs smooth, and in this warm romantic comedy, its rocky road sure is fun to watch.

HOT
GUY
WITH A
HANDY
TIP



LOVE HER!

Life coach to the stars

Laura Day's A-list clients (Jennifer Aniston, Nicole Kidman, and—pictured with Day, above—Demi Moore) have her on speed dial. But for us mere mortals, this psychic is happy to share the secrets of her (occasionally telepathically aided) success in her new book, *How to Rule the World From Your Couch*. Despite the out-there premise, Day's message—that you can use your intuition to find a life you truly love—is one we definitely believe in.



50 CENT TAKES THE PLUNGE

With the recent release of his fourth album, *Before I Self-Destruct*, as well as his own fragrance, *Power* (priced at \$50.50, of course; available at Macy's), rapper 50 Cent has proven he's hip-hop royalty. But would you believe that 50 maintains his own porcelain throne? Here, the artist's personal plumbing technique:

"I have numerous parties at my mansion, and every time, without fail, I end up with a clogged toilet. People always seem to put in things that do not belong, like paper towels, napkins, etc. Here's what I suggest: If you have a house, you should have a plunger! Hold said plunger by the handle, then insert it into the toilet bowl, pressing firmly around the drain hole. Pull up firmly and quickly. Repeat the process and hopefully your toilet will become unclogged. If that doesn't work? Have a good plumber on speed dial."

CLOCKWISE FROM LEFT: PHILIPPE ANTONELLO/TOUCHSTONE PICTURES, ALISON DYER, CARLOS SERRAO.

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www.DisneyPrincessHalfMarathon.com



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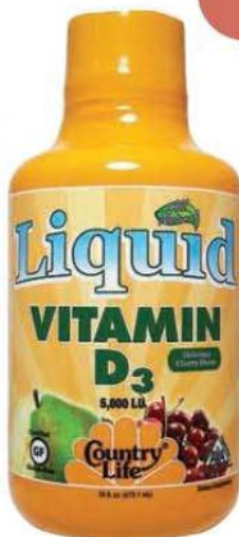
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Shopping Guide

BEAUTY CHECKLIST

PAGE 73: OPI Nail Lacquer; opi.com for salons. Bourjois Rendez-vous à Paris Eyeshadow; Ulta, ulta.com. Space NK Life NK collection; Space NK stores, Space NK at select Bloomingdale's, spacenk.com. Soap & Glory One Pit Wonder deodorant; Target, target.com. Alterna Caviar White Truffle Hair Elixir; Fred Segal Studio, Ulta, beauty.com, studiobeautymix.com, skinstore.com.

BRING OUT THE "YOU" IN YOU

PAGE 77: Nars the Multiple highlighting stick; narscosmetics.com.
PAGE 78: Make Up For Ever Waterproof Eyebrow Corrector; sephora.com.
PAGE 79: Jane Iredale Eye Highlighter Pencil; janeiredaledirect.com.

Sweepstakes Rules

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NECESSARY TO ENTER OR WIN. Sponsored by Hearst Communications, Inc. Go to redbookmag.com/winit between 12:01 a.m. ET on December 22, 2009, and 11:59 p.m. ET on January 25, 2010, and complete and submit the entry for the sweepstakes of your choice pursuant to the onscreen instructions. Must be a legal resident of the 50 United States, the District of Columbia, or Canada who has reached the age of majority in his or her state of residence at time of entry. Void in Puerto Rico, the Province of Quebec, and where prohibited by law. Odds of winning will depend upon the total number of eligible entries received. Sweepstakes subject to complete official rules available at redbookmag.com/winit.

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Freebies

Snowed in

1 reader will win a 4-night stay for 2 in a 1-bedroom suite at the Lodge at Stillwater in Deer Valley, UT, courtesy of the Lodge at Stillwater and perfectfamilyvacation.com. Cozy up by the fire or take the mountain by storm. Airfare vouchers included. Total retail value, \$1,636.



Music to your ears

3 readers will each win 2 pairs of Klipsch headphones. These specialized earphones provide a perfect fit and minimize outside noise, letting you blast your tunes without blasting the volume. Keep a pair in your purse and one in your gym bag so you're never without your personal sound track. Value of set, \$429.98.

Log on at redbookmag.com/winit for the chance to win.

Win It!

Treasured chest

2 readers will each win a limited-edition kit of Motives by Loren Ridinger cosmetics. Play with your makeup and try that smoky eye or perfectly pink lip with this massive kit, which includes 46 eyeshadows, 45 lipsticks and glosses, 12 blush compacts, 20 powders and foundations, and a collection of concealers, mascara, bronzers, brow kits, and eye pencils. Value of each, \$2,155.55.



Sing along

60 readers will each win a CD of childhood songs, personalized with the name of your choice, from Name Your Tune Personalized CDs. The CD comes with 14 classics such as "If You're Happy and You Know It" and "Wheels on the Bus" and inserts your little one's name more than 80 times. Make sure you hit those high notes on every shout-out. Value of each, \$27.



In the bag

10 readers will each win a \$150 gift certificate to 1154Lill.com, a design-your-own-handbag website. Mix and match to design your one-of-a-kind purse, tote, or accessory. Choose from 30 styles and more than 150 fabrics for each part of your bag: exteriors, lining, pockets, and more. Value of each, \$150.



\$14,257
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of free stuff

Brace yourself

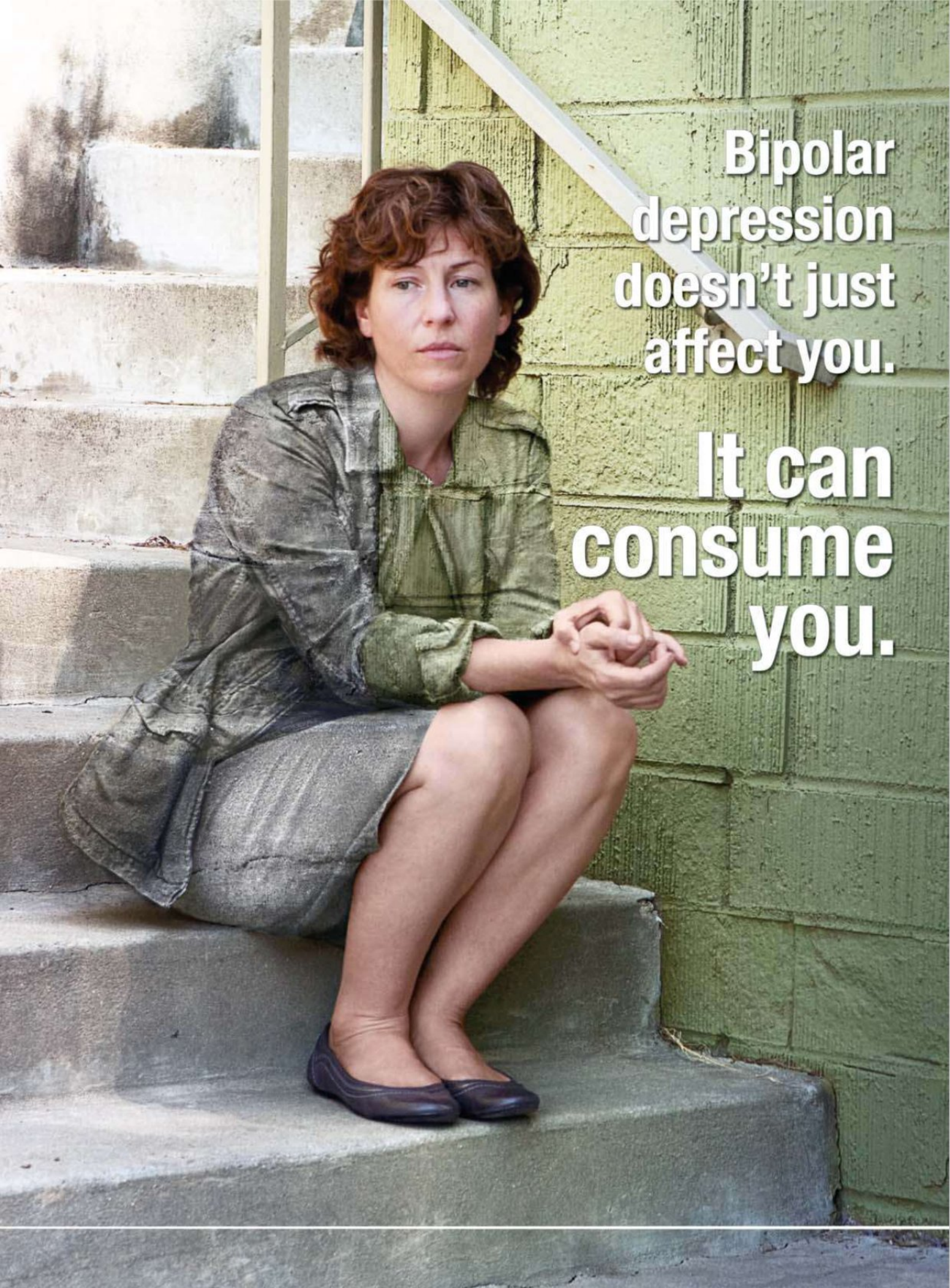
30 readers will each win the Perfect Poppies bracelet from Angela Moore. This flirty, hand-painted bracelet adds a pop of color and a dash of fun to any outfit. Value of each, \$50.



Shower retreat

2 readers will each win an ioDigital shower system from Moen. With this high-tech digital system, you'll never step into a freezing cold shower again. It can be programmed to remember the exact temperature and water strength of your shower and lets you pause the water while you shave or shampoo. A perfect shower, every time—how refreshing! Value of each, \$1,200.



A woman with curly brown hair is sitting on concrete steps. She is wearing a dark, textured jacket over a green shirt and a grey skirt. Her hands are clasped in her lap, and she is looking directly at the camera with a serious expression. The background is a green wooden wall with a white diagonal beam. The text is overlaid on the right side of the image.

**Bipolar
depression
doesn't just
affect you.**

**It can
consume
you.**

SEROQUEL XR is an option proven effective for treating bipolar depression.

It's easy to feel like you're fading into the background when you're living with bipolar depression. SEROQUEL XR has been proven to work alone to effectively treat bipolar depression. And for many people, it's just one pill, once a day. Bipolar depression doesn't have to consume you. Talk to your doctor. Understand your options. And discuss whether XR—SEROQUEL XR—is right for you. To learn more, visit seroquelXR.com

Important Safety Information About SEROQUEL XR

Elderly patients with dementia-related psychosis (having lost touch with reality due to confusion and memory loss) treated with this type of medicine are at an increased risk of death, compared to placebo (sugar pill). SEROQUEL XR is not approved for treating these patients.

Antidepressants have increased the risk of suicidal thoughts and actions in some children, teenagers, and young adults. Patients of all ages starting treatment should be watched closely for worsening of depression, suicidal thoughts or actions, unusual changes in behavior, agitation, and irritability. Families and caregivers should watch patients daily and report these symptoms immediately to the physician. SEROQUEL XR is not approved for patients under the age of 18 years.

- High blood sugar and diabetes have been reported with SEROQUEL XR and medicines like it. If you have diabetes or risk factors such as obesity or a family history of diabetes, ask your doctor about checking your blood sugar before starting SEROQUEL XR and regularly throughout treatment. If you develop symptoms of high blood sugar or diabetes, such as excessive thirst or hunger, increased urination, or weakness, contact your doctor. Complications from diabetes can be serious and even life threatening.
- Increases in triglycerides and in LDL (bad) cholesterol and decreases in HDL (good) cholesterol have been reported with SEROQUEL XR. Your doctor should check your cholesterol levels before you start SEROQUEL XR and during therapy.
- Weight gain has been reported with SEROQUEL XR. Your doctor should check your weight regularly.
- A rare, but potentially fatal, side effect reported with SEROQUEL XR and medicines like it is neuroleptic malignant syndrome (NMS). Tell your doctor if you have very high fever; rigid muscles; shaking; confusion; sweating; changes in pulse, heart rate, or blood pressure; or muscle pain and weakness because treatment should be stopped if you have NMS.
- Another serious side effect reported with SEROQUEL XR and medicines like it is tardive dyskinesia (TD)—uncontrollable movements of the face, tongue, or other parts of the body. TD may become permanent, and the risk of TD is believed to increase as the length of time on and the amount of these medications increase. While TD can develop in patients taking low doses for short periods, this is much less common. There is no known treatment for TD, but it may go away partially or completely if treatment is stopped.
- Before starting treatment, tell your doctor if you have high prolactin levels or have a history of, or are at risk for, seizures or a low white blood cell (WBC) count. An eye exam for cataracts is recommended at the beginning of treatment and every 6 months thereafter.

- Other risks include feeling dizzy or lightheaded upon standing, or having trouble swallowing. Tell your doctor if you experience any of these.
- Suicidal thoughts or actions may occur; tell your doctor if you have thoughts about death or suicide.
- Since drowsiness has been reported with SEROQUEL XR, you should not participate in activities such as driving or operating machinery until you know that you can do so safely. Avoid drinking alcohol while taking SEROQUEL XR because SEROQUEL XR increases the effects of alcohol. Avoid becoming overheated or dehydrated while taking SEROQUEL XR.
- Common side effects: The most common side effects are drowsiness, dry mouth, increases in cholesterol and triglycerides, constipation, upset stomach, dizziness, a sudden drop in blood pressure upon standing, weight gain, increased hunger, tiredness, increases in blood sugar, difficulty speaking, and stuffy nose.

This is not a complete summary of safety information. Please discuss the full Prescribing Information for prescription SEROQUEL XR with your health care provider.

Indications

SEROQUEL XR is a once-daily tablet approved to treat acute depressive episodes in bipolar disorder; acute manic or mixed episodes in bipolar disorder alone or when added to lithium or divalproex; and long-term maintenance of bipolar disorder when added to lithium or divalproex.

Please see Brief Summary, including Boxed Warnings, on adjacent pages.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

For a free doctor conversation guide, visit seroquelXR.com or call 1-866-331-3010.

If you're without prescription coverage and can't afford your medication, AstraZeneca may be able to help. For more information, please visit seroquelXR.com

Bipolar depression doesn't have to consume you.

Once-daily
SEROQUEL XR[®]
quetiapine fumarate
extended-release tablets

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AstraZeneca 

SEROQUEL XR®

(quetiapine fumarate) Extended-Release Tablets

BRIEF SUMMARY: This summary provides important information about SEROQUEL XR. For more information, please ask your doctor about the full Prescribing Information and discuss it with him or her. The full Prescribing Information is available at www.SEROQUELXR.com or by calling 1-800-236-9933.

WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS
Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Analyses of seventeen placebo-controlled trials (modal duration of 10 weeks) largely in patients taking atypical antipsychotic drugs, revealed a risk of death in drug-treated patients of between 1.6 to 1.7 times the risk of death in placebo-treated patients. Over the course of a typical 10-week controlled trial, the rate of death in drug-treated patients was about 4.5%, compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. Observational studies suggest that, similar to atypical antipsychotic drugs, treatment with conventional antipsychotic drugs may increase mortality. The extent to which the findings of increased mortality in observational studies may be attributed to the antipsychotic drug as opposed to some characteristic(s) of the patients is not clear. SEROQUEL XR is not approved for the treatment of patients with dementia-related psychosis [see *Warnings and Precautions*].

SUICIDALITY AND ANTI-DEPRESSANT DRUGS

Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of major depressive disorder (MDD) and other psychiatric disorders. Anyone considering the use of SEROQUEL XR or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. SEROQUEL XR is not approved for use in pediatric patients [see *Warnings and Precautions*].

INDICATIONS AND USAGE

Bipolar Disorder

SEROQUEL XR is indicated for the treatment of:

- acute depressive episodes associated with bipolar disorder
- acute manic or mixed episodes associated with bipolar I disorder as monotherapy and as an adjunct to lithium or divalproex therapy and
- maintenance treatment of bipolar I disorder as adjunct therapy to lithium or divalproex

DOSE AND ADMINISTRATION

SEROQUEL XR Tablets should be swallowed whole and not split, chewed or crushed. SEROQUEL XR should be taken without food or with a light meal.

Bipolar Depression: Usual Dose for Acute Treatment - administer once daily in the evening starting with 50 mg per day and increasing doses to reach 300 mg per day by day 4.

Bipolar Mania: Usual Dose for Acute Monotherapy or Adjunct Therapy (with lithium or divalproex) - administer once daily in the evening starting with 300 mg on day 1, 600 mg on day 2 and adjust between 400 mg - 800 mg per day thereafter depending on the clinical response and tolerance of the individual patient.

Bipolar Maintenance: Continue treatment at the dosage required to maintain symptom remission.

Dosing in Special Populations: Consideration should be given to a slower rate of dose titration and a lower target dose in the elderly and in patients who are debilitated or who have a predisposition to hypotensive reactions [see *Use in Specific Populations*]. When indicated, dose escalation should be performed with caution in these patients.

Elderly patients should be started on SEROQUEL XR 50 mg/day and the dose can be increased in increments of 50 mg/day depending on the response and tolerance of the individual patient.

Patients with hepatic impairment should be started on SEROQUEL XR 50 mg/day. The dose can be increased daily in increments of 50 mg/day to an effective dose, depending on the clinical response and tolerance of the patient.

Re-initiation of Treatment in Patients Previously Discontinued

Although there are no data to specifically address reinitiation of treatment, it is recommended that when restarting therapy of patients who have been off SEROQUEL XR for more than one week, the initial dosing schedule should be followed. When restarting patients who have been off SEROQUEL XR for less than one week, gradual dose escalation may not be required and the maintenance dose may be reinitiated.

Switching Patients from SEROQUEL Tablets to SEROQUEL XR Tablets

Patients who are currently being treated with SEROQUEL (immediate release formulation) may be switched to SEROQUEL XR at the equivalent total daily dose taken once daily. Individual dosage adjustments may be necessary.

Switching from Antipsychotics

There are no systematically collected data to specifically address switching patients from other antipsychotics to SEROQUEL XR, or concerning concomitant administration with other antipsychotics. While immediate discontinuation of the previous antipsychotic treatment may be acceptable for some patients, more gradual discontinuation may be most appropriate for others. In all cases, the period of overlapping antipsychotic administration should be minimized. When switching patients from depot antipsychotics, if medically appropriate, initiate SEROQUEL XR therapy in place of the next scheduled injection. The need for continuing existing extrapyramidal syndrome medication should be re-evaluated periodically.

CONTRAINDICATIONS

None

WARNINGS AND PRECAUTIONS

Increased Mortality in Elderly Patients with Dementia-Related Psychosis

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death compared to placebo. SEROQUEL XR (quetiapine fumarate) is not approved for the treatment of patients with dementia-related psychosis [see *Boxed Warning*].

Clinical Worsening and Suicide Risk

Patients with major depressive disorder (MDD), both adult and pediatric, may experience worsening of their depression and/or the emergence of suicidal ideation and behavior (suicidality) or unusual changes in behavior, whether or not they are taking antidepressant medications, and this risk may persist until significant remission occurs. Suicide is a known risk of depression and certain other psychiatric disorders, and these disorders themselves are the strongest predictors of suicide. There has been a long-standing concern, however, that antidepressants may have a role in inducing worsening of depression and the emergence of suicidality in certain patients during the early phases of treatment. Pooled analyses of short-term placebo-controlled trials of antidepressant drugs (SSRIs and others) showed that these drugs increase the risk of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults (ages 18-24) with major depressive disorder (MDD) and other psychiatric disorders. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction with antidepressants compared to placebo in adults aged 65 and older.

The pooled analyses of placebo-controlled trials in children and adolescents with MDD, obsessive compulsive disorder (OCD), or other psychiatric disorders included a total of 24 short-term trials of 9 antidepressant drugs in over 4400 patients. The pooled analyses of placebo-controlled trials in adults with MDD or other psychiatric disorders included a total of 295 short-term trials (median duration of 2 months) of 11 antidepressant drugs in over 77,000 patients. There was considerable variation in risk of suicidality among drugs, but a tendency toward an increase in the younger patients for almost all drugs studied. There were differences in absolute risk of suicidality across the different indications, with the highest incidence in MDD. The risk differences (drug vs placebo), however, were relatively stable within age strata and across indications. These risk differences (drug-placebo difference in the number of cases of suicidality per 1000 patients treated) are as follows: <18 years of age—14 additional cases compared to placebo; 18-24 years of age—5 additional cases compared to placebo; 25-64—1 fewer case compared to placebo; ≥65 years of age—6 fewer cases compared to placebo.

No suicides occurred in any of the pediatric trials. There were suicides in the adult trials, but the number was not sufficient to reach any conclusion about drug effect on suicide.

It is unknown whether the suicidality risk extends to longer-term use, i.e., beyond several months. However, there is substantial evidence from placebo-controlled maintenance trials in adults with depression that the use of antidepressants can delay the recurrence of depression.

All patients being treated with antidepressants for any indication should be monitored appropriately and observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the initial few months of a course of drug therapy, or at times of dose changes, either increases or decreases.

The following symptoms, anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, akathisia (psychomotor restlessness), hypomania, and mania, have been reported in adult and pediatric patients being treated with antidepressants for major depressive disorder as well as for other indications, both psychiatric and nonpsychiatric. Although a causal link between the emergence of such symptoms and either the worsening of depression and/or the emergence of suicidal impulses has not been established, there is concern that such symptoms may represent precursors to emerging suicidality.

Consideration should be given to changing the therapeutic regimen, including possibly discontinuing the medication, in patients whose depression is persistently worse, or who are experiencing emergent suicidality or symptoms that might be precursors to worsening depression or suicidality, especially if these symptoms are severe, abrupt in onset, or were not part of the patient's presenting symptoms.

Families and caregivers of patients being treated with antidepressants for major depressive disorder or other indications, both psychiatric and nonpsychiatric, should be alerted about the need to monitor patients for the emergence of agitation, irritability, unusual changes in behavior, and the other symptoms described above, as well as the emergence of suicidality, and to report such symptoms immediately to healthcare providers. Such monitoring should include daily observation by families and caregivers. Prescriptions for SEROQUEL XR should be written for the smallest quantity of tablets consistent with good patient management, in order to reduce the risk of overdose.

Screening Patients for Bipolar Disorder: A major depressive episode may be the initial presentation of bipolar disorder. It is generally believed (though not established in controlled trials) that treating such an episode with an antidepressant alone may increase the likelihood of precipitation of a mixed/manic episode in patients at risk for bipolar disorder. Whether any of the symptoms described above represent such a conversion is unknown. However, prior to initiating treatment with an antidepressant, patients with depressive symptoms should be adequately screened to determine if they are at risk for bipolar disorder; such screening should include a detailed psychiatric history, including a family history of suicide, bipolar disorder, and depression.

Hyperglycemia and Diabetes Mellitus

Hyperglycemia, in some cases extreme and associated with ketoacidosis or hyperosmolar coma or death, has been reported in patients treated with atypical antipsychotics, including quetiapine. Assessment of the relationship between atypical antipsychotic use and glucose abnormalities is complicated by the possibility of an increased background risk of diabetes mellitus in patients with schizophrenia and the increasing incidence of diabetes mellitus in the general population. Given these confounders, the relationship between atypical antipsychotic use and hyperglycemia-related adverse reactions is not completely understood. However, epidemiological studies suggest an increased risk of treatment-emergent hyperglycemia-related adverse reactions in patients treated with the atypical antipsychotics. Precise risk estimates for hyperglycemia-related adverse reactions in patients treated with atypical antipsychotics are not available.

Patients with an established diagnosis of diabetes mellitus who are started on atypical antipsychotics should be monitored regularly for worsening of glucose control. Patients with risk factors for diabetes mellitus (eg, obesity, family history of diabetes) who are starting treatment with atypical antipsychotics should undergo fasting blood glucose testing at the beginning of treatment and periodically during treatment. Any patient treated with atypical antipsychotics should be monitored for symptoms of hyperglycemia including polydipsia, polyuria, polyphagia, and weakness. Patients who develop symptoms of hyperglycemia during treatment with atypical antipsychotics should undergo fasting blood glucose testing. In some cases, hyperglycemia has resolved when the atypical antipsychotic was discontinued; however, some patients required continuation of anti-diabetic treatment despite discontinuation of the suspect drug.

Adults: In 2 long-term placebo-controlled randomized withdrawal clinical trials for bipolar maintenance, mean exposure of 213 days for SEROQUEL (646 patients) and 152 days for placebo (680 patients), the mean change in glucose from baseline was +5.0 mg/dL for quetiapine and -0.05 mg/dL for placebo. The exposure-adjusted rate of any increased blood glucose level (≥126 mg/dL) for patients more than 8 hours since a meal (however, some patients may not have been precluded from calorie intake from fluids during fasting period) was 18.0 per 100 patient years for SEROQUEL (10.7% of patients; n=556) and 9.5 for placebo per 100 patient years (4.6% of patients; n=581).

In short-term (12 weeks duration or less) placebo-controlled clinical trials (3342 patients treated with quetiapine and 1490 treated with placebo), the percent of patients who had a fasting blood glucose ≥126 mg/dL or a non-fasting blood glucose ≥200 mg/dL was 3.5% for quetiapine and 2.1% for placebo. The mean change in glucose from baseline was 2.70 mg/dL for quetiapine and 1.06 mg/dL for placebo.

In a 24-week trial (active-controlled, 115 patients treated with SEROQUEL) designed to evaluate glycemic status with oral glucose tolerance testing of all patients, at week 24 the incidence of a treatment-emergent post-glucose challenge glucose level ≥200 mg/dL was 1.7% and the incidence of a fasting treatment-emergent blood glucose level ≥126 mg/dL was 2.6%. The mean change in fasting glucose from baseline was 3.2 mg/dL and mean change in 2 hour glucose from baseline was -1.8 mg/dL for quetiapine.

Children and Adolescents: Safety and effectiveness of SEROQUEL XR have not been established in pediatric patients and SEROQUEL XR is not approved for patients under the age of 18 years. In a placebo-controlled quetiapine monotherapy study of adolescent patients (13 - 17 years of age) with schizophrenia (6 weeks duration), the mean change in fasting glucose levels for SEROQUEL compared to placebo was -0.75 mg/dL vs -1.70 mg/dL. In a placebo-controlled SEROQUEL monotherapy study of children and adolescent patients (10 - 17 years of age) with bipolar mania (3 weeks duration), the mean change in fasting glucose level for quetiapine compared to placebo was 3.62 mg/dL vs -1.17 mg/dL. No patient in either study with a baseline normal fasting glucose level (<100 mg/dL) or a baseline borderline fasting glucose level (≥100 mg/dL and <126 mg/dL) had a treatment-emergent blood glucose level of ≥126 mg/dL.

Hyperlipidemia

Adults: In clinical trials with SEROQUEL XR the percentage of patients with the following Shifts from Normal Baseline to Clinically Significant Levels of cholesterol and triglycerides have been reported [see *Adverse Reactions*].

Schizophrenia Trial (6 weeks duration)

9% of patients on SEROQUEL XR had Cholesterol ≥240 mg/dL vs 9% of patients on placebo. 18% of patients on SEROQUEL XR had Triglycerides ≥200 mg/dL vs 5% of patients on placebo.

Bipolar Depression Trial (8 weeks duration)

7% of patients on SEROQUEL XR had Cholesterol ≥ 240 mg/dL vs 3% of patients on placebo. 8% of patients on SEROQUEL XR had Triglycerides ≥ 200 mg/dL vs 8% of patients on placebo.

Bipolar Mania Trial (3 weeks duration)

7% of patients on SEROQUEL XR had Cholesterol ≥ 240 mg/dL vs 4% of patients on placebo. 15% of patients on SEROQUEL XR had Triglycerides ≥ 200 mg/dL vs 6% of patients on placebo.

Children and Adolescents:

Safety and effectiveness of SEROQUEL XR have not been established in pediatric patients and SEROQUEL XR is not approved for patients under the age of 18 years. In clinical trials with SEROQUEL the percentage of patients with the following Shifts from Normal Baseline to Clinically Significant Levels of cholesterol and triglycerides have been reported.

Schizophrenia Trial (13-17 years, 6 weeks duration)

12% of patients on SEROQUEL XR had Cholesterol ≥ 240 mg/dL vs 2% of patients on placebo. 17% of patients on SEROQUEL XR had Triglycerides ≥ 200 mg/dL vs 8% of patients on placebo.

Bipolar Mania Trial (10-17 years, 3 weeks duration)

10% of patients on SEROQUEL XR had Cholesterol ≥ 240 mg/dL vs 3% of patients on placebo. 22% of patients on SEROQUEL XR had Triglycerides ≥ 200 mg/dL vs 13% of patients on placebo.

Weight Gain

Adults: In clinical trials with SEROQUEL XR the following increases in weight have been reported.

Proportion of Patients with Weight Gain $\geq 7\%$ of Body Weight (Adults)**Schizophrenia Trial (6 weeks duration)**

10% of patients on SEROQUEL XR vs 5% of patients on placebo

Bipolar Mania Trial (3 weeks duration)

5.1% of patients on SEROQUEL XR vs 0% of patients on placebo.

Bipolar Depression Trial (8 weeks duration)

8.2% of patients on SEROQUEL XR vs 0.8% of patients on placebo.

In schizophrenia trials the proportions of patients meeting a weight gain criterion of $\geq 7\%$ of body weight were compared in a pool of four 3- to 6-week placebo-controlled clinical trials, revealing a statistically significant greater incidence of weight gain for SEROQUEL (23%) compared to placebo (6%).

Children and Adolescents: Safety and effectiveness of SEROQUEL XR have not been established in pediatric patients and SEROQUEL XR is not approved for patients under the age of 18 years. In two clinical trials with SEROQUEL, one in bipolar mania and one in schizophrenia, reported increases in weight are included below. When treating pediatric patients with SEROQUEL XR for any indication, weight gain should be assessed against that expected for normal growth. The mean change in body weight in the schizophrenia trial was 2.0 kg in the SEROQUEL group and -0.4 kg in the placebo group and in the bipolar mania trial it was 1.7 kg in the SEROQUEL group and 0.4 kg in the placebo group.

Proportion of Patients with Weight Gain $\geq 7\%$ of Body Weight (Children and Adolescents)**Schizophrenia Trial (6 weeks duration)**

21% of patients on SEROQUEL vs 7% of patients on placebo

Bipolar Mania Trial (3 weeks duration)

12% of patients on SEROQUEL vs 0% of patients on placebo.

In an open-label study that enrolled patients from the above two pediatric trials, 63% of patients (241/380) completed 26 weeks of therapy with SEROQUEL. After 26 weeks of treatment, the mean increase in body weight was 4.4 kg. Forty-five percent of the patients gained $\geq 7\%$ of their body weight, not adjusted for normal growth. In order to adjust for normal growth over 26 weeks an increase of at least 0.5 standard deviation from baseline in BMI was used as a measure of a clinically significant change; 18.3% of patients on SEROQUEL met this criterion after 26 weeks of treatment.

Neuroleptic Malignant Syndrome (NMS)

A potentially fatal symptom complex sometimes referred to as Neuroleptic Malignant Syndrome (NMS) has been reported in association with administration of antipsychotic drugs, including quetiapine. Rare cases of NMS have been reported with quetiapine. Clinical manifestations of NMS are hyperpyrexia, muscle rigidity, altered mental status, and evidence of autonomic instability (irregular pulse or blood pressure, tachycardia, diaphoresis, and cardiac dysrhythmia). Additional signs may include elevated creatine phosphokinase, myoglobinuria (rhabdomyolysis) and acute renal failure.

The diagnostic evaluation of patients with this syndrome is complicated. In arriving at a diagnosis, it is important to exclude cases where the clinical presentation includes both serious medical illness (eg, pneumonia, systemic infection, etc.) and untreated or inadequately treated extrapyramidal signs and symptoms (EPS). Other important considerations in the differential diagnosis include central anticholinergic toxicity, heat stroke, drug fever and primary central nervous system (CNS) pathology.

The management of NMS should include: 1) immediate discontinuation of antipsychotic drugs and other drugs not essential to concurrent therapy; 2) intensive symptomatic treatment and medical monitoring; and 3) treatment of any concomitant serious medical problems for which specific treatments are available. There is no general agreement about specific pharmacological treatment regimens for NMS.

If a patient requires antipsychotic drug treatment after recovery from NMS, the potential reintroduction of drug therapy should be carefully considered. The patient should be carefully monitored since recurrences of NMS have been reported.

Tardive Dyskinesia

A syndrome of potentially irreversible, involuntary, dyskinetic movements may develop in patients treated with antipsychotic drugs including quetiapine. Although the prevalence of the syndrome appears to be highest among the elderly, especially elderly women, it is impossible to rely upon prevalence estimates to predict, at the inception of antipsychotic treatment, which patients are likely to develop the syndrome. Whether antipsychotic drug products differ in their potential to cause tardive dyskinesia is unknown.

The risk of developing tardive dyskinesia and the likelihood that it will become irreversible are believed to increase as the duration of treatment and the total cumulative dose of antipsychotic drugs administered to the patient increase. However, the syndrome can develop, although much less commonly, after relatively brief treatment periods at low doses.

There is no known treatment for established cases of tardive dyskinesia, although the syndrome may remit, partially or completely, if antipsychotic treatment is withdrawn. Antipsychotic treatment, itself, however, may suppress (or partially suppress) the signs and symptoms of the syndrome and thereby may possibly mask the underlying process. The effect that symptomatic suppression has upon the long-term course of the syndrome is unknown.

Given these considerations, SEROQUEL XR should be prescribed in a manner that is most likely to minimize the occurrence of tardive dyskinesia. Chronic antipsychotic treatment should generally be reserved for patients who appear to suffer from a chronic illness that (1) is known to respond to antipsychotic drugs, and (2) for whom alternative, equally effective, but potentially less harmful treatments are not available or appropriate. In patients who do require chronic treatment, the smallest dose and the shortest duration of treatment producing a satisfactory clinical response should be sought. The need for continued treatment should be reassessed periodically.

If signs and symptoms of tardive dyskinesia appear in a patient on SEROQUEL XR, drug discontinuation should be considered. However, some patients may require treatment with quetiapine despite the presence of the syndrome.

Orthostatic Hypotension

Quetiapine may induce orthostatic hypotension associated with dizziness, tachycardia and, in some patients, syncope, especially during the initial dose-titration period, probably reflecting its α_1 -adrenergic antagonist properties. Syncope was reported in 0.3% (4/1239) of the patients treated with SEROQUEL XR, compared with 0.3% (2/619) on placebo. Syncope was reported in 1% (28/3265) of the patients treated with SEROQUEL, compared with 0.2% (2/954) on placebo. Orthostatic hypotension, dizziness, and syncope may lead to falls.

Quetiapine should be used with particular caution in patients with known cardiovascular disease (history of myocardial infarction or ischemic heart disease, heart failure or conduction abnormalities), cerebrovascular disease or conditions which would predispose patients to hypotension (dehydration, hypovolemia and treatment with antihypertensive medications). If hypotension occurs during titration to the target dose, a return to the previous dose in the titration schedule is appropriate.

Leukopenia, Neutropenia and Agranulocytosis

In clinical trials and postmarketing experience, events of leukopenia/neutropenia have been reported temporally related to atypical antipsychotic agents, including SEROQUEL XR. Agranulocytosis (including fatal cases) has also been reported.

Possible risk factors for leukopenia/neutropenia include pre-existing low white cell count (WBC) and history of drug induced leukopenia/neutropenia. Patients with a pre-existing low WBC or a history of drug induced leukopenia/neutropenia should have their complete blood count (CBC) monitored frequently during the first few months of therapy and should discontinue SEROQUEL XR at the first sign of a decline in WBC in absence of other causative factors.

Patients with neutropenia should be carefully monitored for fever or other symptoms or signs of infection and treated promptly if such symptoms or signs occur. Patients with severe neutropenia (absolute neutrophil count $<1000/\text{mm}^3$) should discontinue SEROQUEL XR and have their WBC followed until recovery [see **Adverse Reactions**].

Cataracts

The development of cataracts was observed in association with quetiapine treatment in chronic dog studies. Lens changes have also been observed in patients during long-term quetiapine treatment, but a causal relationship to quetiapine use has not been established. Nevertheless, the possibility of lenticular changes cannot be excluded at this time. Therefore, examination of the lens by methods adequate to detect cataract formation, such as slit lamp exam or other appropriately sensitive methods, is recommended at initiation of treatment or shortly thereafter, and at 6-month intervals during chronic treatment.

Seizures

During clinical trials with SEROQUEL XR, seizures occurred in 0.1% (1/1239) of patients treated with SEROQUEL XR compared to 0.5% (3/619) on placebo. During clinical trials with SEROQUEL, seizures occurred in 0.5% (20/3490) of patients treated with SEROQUEL compared to 0.2% (2/954) on placebo. As with other antipsychotics quetiapine fumarate should be used cautiously in patients with a history of seizures or with conditions that potentially lower the seizure threshold, eg, Alzheimer's dementia. Conditions that lower the seizure threshold may be more prevalent in a population of 65 years or older.

Hypothyroidism

Adults: In SEROQUEL XR clinical trials, 0.5% (4/806) of patients on SEROQUEL XR vs. 0% (0/262) on placebo experienced decreased free thyroxine and 2.7% (21/786) on SEROQUEL XR vs. 1.2% (3/256) on placebo experienced increased thyroid stimulating hormone (TSH); however, no patients experienced a combination of clinically significant decreased free thyroxine and increased TSH. No patients had reactions of hypothyroidism. Clinical trials with SEROQUEL demonstrated a dose-related decrease in total and free thyroxine (T4) of approximately 20% at the higher end of the therapeutic dose range and was maximal in the first two to four weeks of treatment and maintained without adaptation or progression during more chronic therapy. Generally, these changes were of no clinical significance and TSH was unchanged in most patients and levels of thyroid binding globulin were unchanged. In nearly all cases, cessation of quetiapine treatment was associated with a reversal of the effects on total and free T4, irrespective of the duration of treatment. About 0.7% (26/3489) of SEROQUEL patients did experience TSH increases in monotherapy studies. Six of these patients with TSH increases needed replacement thyroid treatment.

Children and Adolescents: Safety and effectiveness of SEROQUEL XR have not been established in pediatric patients and SEROQUEL XR is not approved for patients under the age of 18 years. In acute placebo-controlled trials in children and adolescent patients with schizophrenia (6-week duration) or bipolar mania (3-week duration), the incidence of shifts to potentially clinically important thyroid function values at any time for SEROQUEL treated patients and placebo-treated patients for elevated TSH was 2.9% vs 0.7%, respectively and for decreased total thyroxine was 2.8% vs 0%, respectively. Of the SEROQUEL treated patients with elevated TSH levels, 1 had simultaneous low free T4 level at end of treatment.

Hyperprolactinemia

Adults: During clinical trials with quetiapine, the incidence of shifts in prolactin levels to a clinically significant value occurred in 3.6% (158/4416) of patients treated with quetiapine compared to 2.6% (51/1988) on placebo.

Children and Adolescents: Safety and effectiveness of SEROQUEL XR have not been established in pediatric patients and SEROQUEL XR is not approved for patients under the age of 18 years. In acute placebo-controlled trials in children and adolescent patients with schizophrenia (6-week duration) or bipolar mania (3-week duration), the incidence of shifts in prolactin levels to a clinically significant value ($>20 \mu\text{g/L}$ males; $>26 \mu\text{g/L}$ females at any time) was 13.4% for SEROQUEL compared to 4% for placebo in males and 8.7% for SEROQUEL compared to 0% for placebo in females.

Like other drugs that antagonize dopamine D2 receptors, SEROQUEL XR elevates prolactin levels in some patients and the elevation may persist during chronic administration. Hyperprolactinemia, regardless of etiology, may suppress hypothalamic GnRH, resulting in reduced pituitary gonadotrophin secretion. This, in turn, may inhibit reproductive function by impairing gonadal steroidogenesis in both female and male patients. Galactorrhea, amenorrhea, gynecomastia, and impotence have been reported in patients receiving prolactin-elevating compounds. Long-standing hyperprolactinemia when associated with hypogonadism may lead to decreased bone density in both female and male subjects.

Tissue culture experiments indicate that approximately one-third of human breast cancers are prolactin dependent *in vitro*, a factor of potential importance if the prescription of these drugs is considered in a patient with previously detected breast cancer. As is common with compounds which increase prolactin release, mammary gland, and pancreatic islet cell neoplasia (mammary adenocarcinomas, pituitary and pancreatic adenomas) was observed in carcinogenicity studies conducted in mice and rats. Neither clinical studies nor epidemiologic studies conducted to date have shown an association between chronic administration of this class of drugs and tumorigenesis in humans, but the available evidence is too limited to be conclusive.

Increases in Blood Pressure (Children and Adolescents)

Safety and effectiveness of SEROQUEL XR have not been established in pediatric patients and SEROQUEL XR is not approved for patients under the age of 18 years. In acute placebo-controlled trials in children and adolescents with schizophrenia (6-week duration) or bipolar mania (3-week duration), the incidence of increases at any time in systolic blood pressure (≥ 20 mmHg) was 15.2% for SEROQUEL and 5.5% for placebo; the incidence of increases at any time in diastolic blood pressure (≥ 10 mmHg) was 40.6% for SEROQUEL and 24.5% for placebo.

Transaminase Elevations

Asymptomatic, transient and reversible elevations in serum transaminases (primarily ALT) have been reported. The proportions of patients with transaminase elevations of >3 times the upper limits of the normal reference range in a pool of placebo-controlled trials ranged between 1% and 2% for SEROQUEL XR compared to 2% for placebo. In schizophrenia trials, the proportions of patients with transaminase elevations of >3 times the upper limits of the normal reference range in a pool of 3- to 6-week placebo-controlled trials were approximately 6% for SEROQUEL compared to 1% for placebo. These hepatic enzyme elevations usually occurred within the first 3 weeks of drug treatment and promptly returned to pre-study levels with ongoing treatment with quetiapine.

Potential for Cognitive and Motor Impairment

Somnolence was a commonly reported adverse event reported in patients treated with quetiapine especially during the 3-day period of initial dose titration. In schizophrenia trials, somnolence was reported in 24.7% of patients on SEROQUEL XR compared to 10.3% of placebo patients. In a bipolar depression clinical trial, somnolence was reported in 51.8% of patients on SEROQUEL XR compared to 12.9% of placebo patients. In a clinical trial for bipolar mania, somnolence was reported in 50.3% of patients on SEROQUEL XR compared to 11.9% of placebo

patients. Since quetiapine has the potential to impair judgment, thinking, or motor skills, patients should be cautioned about performing activities requiring mental alertness, such as operating a motor vehicle (including automobiles) or operating hazardous machinery until they are reasonably certain that quetiapine therapy does not affect them adversely. Somnolence may lead to falls.

Priapism

One case of priapism in a patient receiving quetiapine was reported prior to market introduction. While a causal relationship to use of quetiapine has not been established, other drugs with α -adrenergic blocking effects have been reported to induce priapism, and it is possible that quetiapine may share this capacity. Severe priapism may require surgical intervention.

Body Temperature Regulation

Disruption of the body's ability to reduce core body temperature has been attributed to antipsychotic agents. Appropriate care is advised when prescribing SEROQUEL XR for patients who will be experiencing conditions which may contribute to an elevation in core body temperature, eg, exercising strenuously, exposure to extreme heat, receiving concomitant medication with anticholinergic activity, or being subject to dehydration.

Dysphagia

Esophageal dysmotility and aspiration have been associated with antipsychotic drug use. Aspiration pneumonia is a common cause of morbidity and mortality in elderly patients, in particular those with advanced Alzheimer's dementia. SEROQUEL XR and other antipsychotic drugs should be used cautiously in patients at risk for aspiration pneumonia.

Suicide

The possibility of a suicide attempt is inherent in schizophrenia and bipolar disorder; close supervision of high risk patients should accompany drug therapy. Prescriptions for SEROQUEL XR should be written for the smallest quantity of tablets consistent with good patient management in order to reduce the risk of overdose.

In three, 6-week clinical studies in patients with schizophrenia (N=951), the incidence of treatment emergent suicidal ideation or suicide attempt was 0.6% in SEROQUEL XR treated patients and 0.9% in placebo-treated patients.

In an 8-week clinical study in patients with bipolar depression (N=137 for SEROQUEL XR and 140 for placebo), the incidence of treatment emergent suicidal ideation or suicide attempt was 0.7% for SEROQUEL XR treated patients and 1.4% for placebo.

In a 3-week clinical study in patients with bipolar mania (N=311, 151 for SEROQUEL XR and 160 for placebo), the incidence of treatment emergent suicidal ideation or suicide attempt was 1.3% for SEROQUEL XR compared to 3.8% for placebo.

Use in Patients with Concomitant Illness

Clinical experience with SEROQUEL XR in patients with certain concomitant systemic illnesses is limited. SEROQUEL XR has not been evaluated or used to any appreciable extent in patients with a recent history of myocardial infarction or unstable heart disease. Patients with these diagnoses were excluded from premarketing clinical studies. Because of the risk of orthostatic hypotension with SEROQUEL XR, caution should be observed in cardiac patients [see **Warnings and Precautions**].

Withdrawal

Acute withdrawal symptoms, such as nausea, vomiting, and insomnia have very rarely been described after abrupt cessation of atypical antipsychotic drugs, including quetiapine fumarate. Gradual withdrawal is advised.

ADVERSE REACTIONS

Clinical Studies Experience

The information below is derived from a clinical trial database for SEROQUEL XR consisting of 1239 patients exposed to SEROQUEL XR for the treatment of schizophrenia and bipolar disorder in placebo-controlled trials.

Adverse Reactions Associated with Discontinuation of Treatment in Short-Term, Placebo-Controlled Trials
There was no difference in the incidence and type of adverse reactions associated with discontinuation (6.4% for SEROQUEL XR vs. 7.5% for placebo) in a pool of controlled schizophrenia trials. In a single clinical trial in patients with bipolar depression, 13% of patients on SEROQUEL XR discontinued due to adverse reaction compared to 4% on placebo. In a single clinical trial in patients with bipolar mania, 4.6% of patients on SEROQUEL XR discontinued due to adverse reaction compared to 8.1% on placebo.

Adverse Reactions Occurring at an Incidence of 5% or More Among SEROQUEL XR Treated Patients in Short-Term, Placebo-Controlled Trials

The following is the incidence, rounded to the nearest percent, of treatment-emergent adverse reactions that occurred during acute therapy of schizophrenia (up to 6 weeks) in $\geq 5\%$ patients treated with SEROQUEL XR (doses ranging from 300 to 800 mg/day) where the incidence in patients treated with SEROQUEL XR was greater than the incidence in placebo-treated patients.¹

SEROQUEL XR (N=951) vs placebo (N=319): Dry Mouth 12% vs 1%; Constipation 6% vs 5%; Dyspepsia 5% vs 2%; Somnolence 25% vs 10%; Dizziness 10% vs 4%; and Orthostatic Hypotension 7% vs 5%

¹ Reactions for which the SEROQUEL XR incidence was equal to or less than placebo are not listed, but included the following: headache, insomnia, and nausea.

In these studies, the most commonly observed adverse reactions associated with the use of SEROQUEL XR (incidence of 5% or greater) and observed at a rate on SEROQUEL XR at least twice that of placebo were somnolence (25%), dry mouth (12%), dizziness (10%), and dyspepsia (5%).

The following is the incidence, rounded to the nearest percent, of treatment-emergent adverse reactions that occurred during acute therapy of bipolar depression (up to 8 weeks) in $\geq 5\%$ patients treated with SEROQUEL XR 300 mg/day where the incidence in patients treated with SEROQUEL XR was greater than the incidence in placebo-treated patients.¹

SEROQUEL XR (N=137) vs placebo (N=140): Dry Mouth 37% vs 7%; Constipation 8% vs 6%; Dyspepsia 7% vs 1%; Fatigue 6% vs 2%; Weight Gain 7% vs 1%; Increased Appetite 12% vs 6%; Somnolence 52% vs 13%; and Dizziness 13% vs 11%

¹ Reactions for which the SEROQUEL XR incidence was equal to or less than placebo are not listed, but included the following: headache and insomnia.

In these studies, the most commonly observed adverse reactions associated with the use of SEROQUEL XR (incidence of 5% or greater) and observed at a rate on SEROQUEL XR at least twice that of placebo were somnolence (52%), dry mouth (37%), increased appetite (12%), weight gain (7%), dyspepsia (7%), and fatigue (6%).

The following is the incidence, rounded to the nearest percent, of treatment-emergent adverse reactions that occurred during acute therapy of bipolar mania (up to 3 weeks) in $\geq 5\%$ patients treated with SEROQUEL XR (doses ranging from 400 to 800 mg/day) where the incidence in patients treated with SEROQUEL XR was greater than the incidence in placebo-treated patients.¹

SEROQUEL XR (N=151) vs placebo (N=160): Dry Mouth 34% vs 7%; Constipation 10% vs 3%; Dyspepsia 7% vs 4%; Fatigue 7% vs 4%; Weight Gain 7% vs 1%; Somnolence 50% vs 12%; Dizziness 10% vs 4%; Dysarthria 5% vs 0%; and Nasal Congestion 5% vs 1%

¹ Reactions for which the SEROQUEL XR incidence was equal to or less than placebo are not listed, but included the following: headache.

In these studies, the most commonly observed adverse reactions associated with the use of SEROQUEL XR (incidence of 5% or greater) and observed at a rate on SEROQUEL XR at least twice that of placebo were somnolence (50%), dry mouth (34%), dizziness (10%), constipation (10%), weight gain (7%), dysarthria (5%), and nasal congestion (5%).

Adverse Reactions Occurring at an Incidence of 5% or More Among SEROQUEL XR Treated Patients in Long-Term, Placebo-Controlled Trials

In a longer-term placebo-controlled trial, adult patients with schizophrenia who remained clinically stable on SEROQUEL XR during open-label treatment for at least 4 months were randomized to placebo (N=103) or to continue on their current SEROQUEL XR (N=94) for up to 12 months of observation for possible relapse, the adverse reactions reported were generally consistent with those reported in the short-term, placebo-controlled

trials. Insomnia (8.5%) and headache (7.4%) were the only adverse events reported by 5% or more patients.

Adverse Reactions that occurred in <5% of patients and were considered drug-related (incidence greater than placebo and consistent with known pharmacology of drug class) in order of decreasing frequency: heart rate increased, hypotension, weight increased, tremor, akathisia, increased appetite, blurred vision, postural dizziness, pyrexia, dysarthria, dystonia, drooling, syncope, tardive dyskinesia, dysphagia, leukopenia, and rash.

Adverse Reactions in clinical trials with quetiapine and not listed elsewhere in the label:

abnormal dreams and nightmares, peripheral edema, rhinitis, eosinophilia, hypersensitivity, elevations in gamma-GT levels, restless legs syndrome, and elevations in serum creatine phosphokinase (not associated with NMS).

Extrapyramidal Symptoms:

Dystonia

Class Effect: Symptoms of dystonia, prolonged abnormal contractions of muscle groups, may occur in susceptible individuals during the first few days of treatment. Dystonic symptoms include: spasm of the neck muscles, sometimes progressing to tightness of the throat, swallowing difficulty, difficulty breathing, and/or protrusion of the tongue. While these symptoms can occur at low doses, they occur more frequently and with greater severity with high potency and at higher doses of first generation antipsychotic drugs. An elevated risk of acute dystonia is observed in males and younger age groups.

Adults: In placebo-controlled clinical trials with quetiapine, utilizing doses up to 800 mg per day, the incidence of any adverse reactions potentially related to EPS ranged from 8% to 11% for quetiapine and 4% to 11% for placebo. In three-arm placebo-controlled clinical trials for the treatment of schizophrenia, utilizing doses between 300 mg and 800 mg of SEROQUEL XR, the incidence of any adverse reactions potentially related to EPS was 8% for SEROQUEL XR and 8% for SEROQUEL (without evidence of being dose related), and 5% in the placebo group. In these studies, the incidence of the individual adverse reactions (eg, akathisia, extrapyramidal disorder, tremor, dyskinesia, dystonia, restlessness, and muscle rigidity) was generally low and did not exceed 3% for any treatment group.

At the end of treatment, the mean change from baseline in Simpson-Angus Scale total score and Barnes Akathisia Rating Scale Global Assessment score was similar across the treatment groups. The use of concomitant anticholinergic medications was infrequent and similar across the treatment groups. The incidence of extrapyramidal symptoms was consistent with that seen with the profile of SEROQUEL in schizophrenia patients.

In a placebo-controlled clinical trial for the treatment of bipolar depression utilizing 300 mg of SEROQUEL XR, the incidence of any adverse reactions potentially related to EPS was 4.4% for SEROQUEL XR and 0.7% in the placebo group. In this study, the incidence of the individual adverse reactions (eg, akathisia, extrapyramidal disorder, tremor, dystonia, hypertonia) did not exceed 1.5% for any individual adverse reaction.

In a placebo-controlled clinical trial for the treatment of bipolar mania, utilizing the dose range of 400-800 mg/day of SEROQUEL XR, the incidence of any adverse reactions potentially related to EPS was 6.6% for SEROQUEL XR and 3.8% in the placebo group. In this study, the incidence of the individual adverse reactions (eg, akathisia, extrapyramidal disorder, tremor, dystonia, restlessness, and cogwheel rigidity) did not exceed 2.0% for any adverse reaction.

Children and Adolescents: Safety and effectiveness of SEROQUEL XR have not been established in pediatric patients and SEROQUEL XR is not approved for patients under the age of 18 years. In a short-term placebo-controlled monotherapy trial in adolescent patients with schizophrenia (6-week duration), the aggregated incidence of extrapyramidal symptoms was 12.9% for SEROQUEL and 5.3% for placebo, though the incidence of the individual adverse events (eg, akathisia, tremor, extrapyramidal disorder, hypokinesia, restlessness, psychomotor hyperactivity, muscle rigidity, dyskinesia) did not exceed 4.1% in any treatment group. In a short-term placebo-controlled monotherapy trial in children and adolescent patients with bipolar mania (3-week duration), the aggregated incidence of extrapyramidal symptoms was 3.6% for SEROQUEL and 1.1% for placebo.

Increased Appetite

Adults: Data on increased appetite appear earlier within this section and in "Adverse Reactions that occurred in <5% of Patients" (both in this section).

Children and Adolescents: Safety and effectiveness of SEROQUEL XR have not been established in pediatric patients and SEROQUEL XR is not approved for patients under the age of 18 years. In acute placebo-controlled trials in children and adolescent patients with schizophrenia (6-week duration) or bipolar mania (3-week duration), the incidence of increased appetite was 7.6% for SEROQUEL compared to 2.4% for placebo. In a 26-week open-label study that enrolled patients from the above two pediatric trials, the incidence of increased appetite was 10% for SEROQUEL.

Vital Signs and Laboratory Values

Hyperglycemia, hyperlipidemia, weight gain and orthostatic hypotension have been reported with quetiapine [see **Warnings and Precautions**].

Neutrophil Counts

In three-arm SEROQUEL XR placebo-controlled monotherapy clinical trials, among patients with a baseline neutrophil count $\geq 1.5 \times 10^9/L$, the incidence of at least one occurrence of neutrophil count $<1.5 \times 10^9/L$ was 1.5% in patients treated with SEROQUEL XR and 1.5% for SEROQUEL, compared to 0.8% in placebo-treated patients.

In placebo-controlled monotherapy clinical trials involving 3368 patients on quetiapine fumarate and 1515 on placebo, the incidence of at least one occurrence of neutrophil count $<1.0 \times 10^9/L$ among patients with a normal baseline neutrophil count and at least one available follow up laboratory measurement was 0.3% (10/2967) in patients treated with quetiapine, compared to 0.1% (2/1349) in patients treated with placebo. Patients with a pre-existing low WBC or a history of drug induced leukopenia/neutropenia should have their complete blood count (CBC) monitored frequently during the first few months of therapy and should discontinue SEROQUEL XR at the first sign of a decline in WBC in absence of other causative factors [see **Warnings and Precautions**].

ECG Changes:

3.9% of SEROQUEL XR patients, and 3.4% of placebo patients, had tachycardia (>120 bpm) at any time during the trials. SEROQUEL XR was associated with a mean increase in heart rate, assessed by ECG, of 7 beats per minute compared to a mean increase of 1 beat per minute for placebo. This is consistent with the rates for SEROQUEL. The incidence of adverse reactions of tachycardia was 3% for SEROQUEL XR compared to 1% for placebo. SEROQUEL use was associated with a mean increase in heart rate, assessed by ECG, of 7 beats per minute compared to a mean increase of 1 beat per minute among placebo patients. The slight tendency for tachycardia may be related to quetiapine's potential for inducing orthostatic changes [see **Warnings and Precautions**].

Post Marketing Experience

Adverse reactions reported since market introduction which were temporally related to SEROQUEL therapy include anaphylactic reaction and galactorrhea.

Other adverse reactions reported since market introduction, which were temporally related to SEROQUEL therapy, but not necessarily causally related, include the following: agranulocytosis, cardiomyopathy hyponatremia, myocarditis rhabdomyolysis, syndrome of inappropriate antidiuretic hormone secretion (SIADH), Stevens-Johnson syndrome (SJS), and decreased platelets.

In post-marketing clinical trials, elevations in total cholesterol (predominantly LDL cholesterol) have been reported.

DRUG INTERACTIONS

The risks of using SEROQUEL XR in combination with other drugs have not been extensively evaluated in systematic studies. Given the primary CNS effects of SEROQUEL XR, caution should be used when it is taken in combination with other centrally acting drugs. Quetiapine potentiated the cognitive and motor effects of alcohol in a clinical trial in subjects with selected psychotic disorders, and alcoholic beverages should be limited while taking quetiapine.

Because of its potential for inducing hypotension, SEROQUEL XR may enhance the effects of certain anti-hypertensive agents.

SEROQUEL XR may antagonize the effects of levodopa and dopamine agonists.

The Effect of Other Drugs on Quetiapine

Phenytoin

Coadministration of quetiapine (250 mg three times/day) and phenytoin (100 mg three times/day) increased the mean oral clearance of quetiapine by 5-fold. Increased doses of SEROQUEL XR may be required to maintain control of symptoms of schizophrenia in patients receiving quetiapine and phenytoin, or other hepatic enzyme inducers (eg, carbamazepine, barbiturates, rifampin, glucocorticoids). Caution should be taken if phenytoin is withdrawn and replaced with a non-inducer (eg, valproate) [see **Dosage and Administration**].

Divalproex

Coadministration of quetiapine (150 mg twice daily) and divalproex (500 mg twice daily) increased the mean maximum plasma concentration of quetiapine at steady-state by 17% without affecting the extent of absorption or mean oral clearance.

Thioridazine

Thioridazine (200 mg twice daily) increased the oral clearance of quetiapine (300 mg twice daily) by 65%.

Cimetidine

Administration of multiple daily doses of cimetidine (400 mg three times daily for 4 days) resulted in a 20% decrease in the mean oral clearance of quetiapine (150 mg three times daily). Dosage adjustment for quetiapine is not required when it is given with cimetidine.

P450 3A Inhibitors

Coadministration of ketoconazole (200 mg once daily for 4 days), a potent inhibitor of cytochrome P450 3A, reduced oral clearance of quetiapine by 84%, resulting in a 335% increase in maximum plasma concentration of quetiapine. Caution (reduced dosage) is indicated when SEROQUEL XR is administered with ketoconazole and other inhibitors of cytochrome P450 3A (eg, itraconazole, fluconazole, erythromycin, protease inhibitors).

Fluoxetine, Imipramine, Haloperidol, and Risperidone

Coadministration of fluoxetine (60 mg once daily), imipramine (75 mg twice daily), haloperidol (7.5 mg twice daily), or risperidone (3 mg twice daily) with quetiapine (300 mg twice daily) did not alter the steady-state pharmacokinetics of quetiapine.

Effect of Quetiapine on Other Drugs

Lorazepam

The mean oral clearance of lorazepam (2 mg, single dose) was reduced by 20% in the presence of quetiapine administered as 250 mg three times daily dosing.

Divalproex

The mean maximum concentration and extent of absorption of total and free valproic acid at steady-state were decreased by 10 to 12% when divalproex (500 mg twice daily) was administered with quetiapine (150 mg twice daily). The mean oral clearance of total valproic acid (administered as divalproex 500 mg twice daily) was increased by 11% in the presence of quetiapine (150 mg twice daily). The changes were not significant.

Lithium

Concomitant administration of quetiapine (250 mg three times daily) with lithium had no effect on any of the steady-state pharmacokinetic parameters of lithium.

Antipyrene

Administration of multiple daily doses up to 750 mg/day (on a three times daily schedule) of quetiapine to subjects with selected psychotic disorders had no clinically relevant effect on the clearance of antipyrene or urinary recovery of antipyrene metabolites. These results indicate that quetiapine does not significantly induce hepatic enzymes responsible for cytochrome P450 mediated metabolism of antipyrene.

USE IN SPECIFIC POPULATIONS

Pregnancy

Pregnancy Category C:

There are no adequate and well-controlled studies of SEROQUEL XR use in pregnant women. In limited published literature, there were no major malformations associated with quetiapine exposure during pregnancy. In animal studies, embryo-fetal toxicity occurred. Quetiapine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Labor and Delivery

The effect of SEROQUEL XR on labor and delivery in humans is unknown.

Nursing Mothers

SEROQUEL XR was excreted into human milk. Caution should be exercised when SEROQUEL XR is administered to a nursing woman.

Pediatric Use

Safety and effectiveness of SEROQUEL XR have not been established in pediatric patients and SEROQUEL XR is not approved for patients under the age of 18 years [see **Warnings and Precautions** and **Adverse Reactions**].

Geriatric Use

Sixty-eight patients in clinical studies with SEROQUEL XR were 65 years of age or over. In general, there was no indication of any different tolerability of SEROQUEL XR in the elderly compared to younger adults. Nevertheless, the presence of factors that might decrease pharmacokinetic clearance, increase the pharmacodynamic response to SEROQUEL XR, or cause poorer tolerance or orthostasis, should lead to consideration of a lower starting dose, slower titration, and careful monitoring during the initial dosing period in the elderly. The mean plasma clearance of quetiapine was reduced by 30% to 50% in elderly patients when compared to younger patients.

Renal Impairment

Clinical experience with SEROQUEL XR in patients with renal impairment is limited.

Hepatic Impairment

Since quetiapine is extensively metabolized by the liver, higher plasma levels are expected in the hepatically impaired population, and dosage adjustment may be needed [see **Dosage and Administration**].

DRUG ABUSE AND DEPENDENCE

Controlled Substance

SEROQUEL XR is not a controlled substance.

Abuse

SEROQUEL XR has not been systematically studied in animals or humans for its potential for abuse, tolerance or physical dependence. While the clinical trials did not reveal any tendency for any drug-seeking behavior, these observations were not systematic and it is not possible to predict on the basis of this limited experience the extent to which a CNS-active drug will be misused, diverted, and/or abused once marketed. Consequently, patients should be evaluated carefully for a history of drug abuse, and such patients should be observed closely for signs of misuse or abuse of SEROQUEL XR (eg, development of tolerance, increases in dose, drug-seeking behavior).

OVERDOSAGE

Human Experience

In clinical trials, survival has been reported in acute overdoses of up to 30 grams of quetiapine. Most patients who overdosed experienced no adverse events or recovered fully from the reported events. Death has been reported in a clinical trial following an overdose of 13.6 grams of quetiapine alone. In general, reported signs and symptoms were those resulting from an exaggeration of the drug's known pharmacological effects, ie, drowsiness and sedation, tachycardia and hypotension. Patients with pre-existing severe cardiovascular disease may be at an increased risk of the effects of overdose [see **Warnings and Precautions**]. One case, involving an estimated overdose of 9600 mg, was associated with hypokalemia and first degree heart block. In post-marketing experience, there have been very rare reports of overdose of SEROQUEL alone resulting in death, coma, or QTc prolongation.

Management of Overdosage

In case of acute overdose, establish and maintain an airway and ensure adequate oxygenation and ventilation. Gastric lavage (after intubation, if patient is unconscious) and administration of activated charcoal together with a laxative should be considered. The possibility of obtundation, seizure or dystonic reaction of the head and neck following overdose may create a risk of aspiration with induced emesis. Cardiovascular monitoring should commence immediately and should include continuous electrocardiographic monitoring to detect possible arrhythmias. If antiarrhythmic therapy is administered, disopyramide, procainamide and quinidine carry a theoretical hazard of additive QT-prolonging effects when administered in patients with acute overdose of SEROQUEL XR. Similarly it is reasonable to expect that the α -adrenergic-blocking properties of bretylium might be additive to those of quetiapine, resulting in problematic hypotension.

There is no specific antidote to SEROQUEL XR. Therefore, appropriate supportive measures should be instituted. The possibility of multiple drug involvement should be considered. Hypotension and circulatory collapse should be treated with appropriate measures such as intravenous fluids and/or sympathomimetic agents (epinephrine and dopamine should not be used, since β stimulation may worsen hypotension in the setting of quetiapine-induced α blockade). In cases of severe extrapyramidal symptoms, anticholinergic medication should be administered. Close medical supervision and monitoring should continue until the patient recovers.

PATIENT COUNSELING INFORMATION

Information for Patients

[see Medication Guide in full Prescribing Information]

Prescribers or other health professionals should inform patients, their families, and their caregivers about the benefits and risks associated with treatment with SEROQUEL XR and should counsel them in its appropriate use. A patient Medication Guide about "Antidepressant Medicines, Depression and other Serious Mental Illness, and Suicidal Thoughts or Actions" is available for SEROQUEL XR. The prescriber or health professional should instruct patients, their families, and their caregivers to read the Medication Guide and should assist them in understanding its contents. Patients should be given the opportunity to discuss the contents of the Medication Guide and to obtain answers to any questions they may have.

Patients should be advised of the following issues and asked to alert their prescriber if these occur while taking SEROQUEL XR.

Clinical Worsening and Suicide Risk

Patients, their families, and their caregivers should be encouraged to be alert to the emergence of anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, akathisia (psychomotor restlessness), hypomania, mania, other unusual changes in behavior, worsening of depression, and suicidal ideation, especially early during antidepressant treatment and when the dose is adjusted up or down. Families and caregivers of patients should be advised to look for the emergence of such symptoms on a day-to-day basis, since changes may be abrupt. Such symptoms should be reported to the patient's prescriber or health professional, especially if they are severe, abrupt in onset, or were not part of the patient's presenting symptoms. Symptoms such as these may be associated with an increased risk for suicidal thinking and behavior and indicate a need for very close monitoring and possibly changes in the medication [see **Warnings and Precautions**].

Increased Mortality in Elderly Patients with Dementia-Related Psychosis

Patients and caregivers should be advised that elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at increased risk of death compared with placebo. Quetiapine is not approved for elderly patients with dementia-related psychosis [see **Warnings and Precautions**].

Hyperglycemia and Diabetes Mellitus

Patients should be aware of the symptoms of hyperglycemia (high blood sugar) and diabetes mellitus. Patients who are diagnosed with diabetes, those with risk factors for diabetes, or those that develop these symptoms during treatment should be monitored [see **Warnings and Precautions**].

Hyperlipidemia

Patients should be advised that elevations in total cholesterol, LDL and triglycerides may occur [see **Warnings and Precautions**].

Weight Gain

Patients should be advised that they may experience weight gain [see **Warnings and Precautions**].

Neuroleptic Malignant Syndrome (NMS)

Patients should be advised to report to their physician any signs or symptoms that may be related to NMS. These may include muscle stiffness and high fever [see **Warnings and Precautions**].

Orthostatic Hypotension

Patients should be advised of the risk of orthostatic hypotension (symptoms include feeling dizzy or lightheaded upon standing, which may lead to falls), especially during the period of initial dose titration, and also at times of re-initiating treatment or increases in dose [see **Warnings and Precautions**].

Leukopenia/Neutropenia

Patients with a pre-existing low WBC or a history of drug induced leukopenia/neutropenia should be advised that they should have their CBC monitored while taking SEROQUEL XR [see **Warnings and Precautions**].

Interference with Cognitive and Motor Performance

Patients should be advised of the risk of somnolence or sedation (which may lead to falls), especially during the period of initial dose titration. Patients should be cautioned about performing any activity requiring mental alertness, such as operating a motor vehicle (including automobiles) or operating machinery, until they are reasonably certain quetiapine therapy does not affect them adversely. Patients should limit consumption of alcohol during treatment with quetiapine [see **Warnings and Precautions**].

Pregnancy and Nursing

Patients should be advised to notify their physician if they become pregnant or intend to become pregnant during therapy. Patients should be advised not to breast feed if they are taking quetiapine [see **Use in Specific Populations**].

Concomitant Medication

As with other medications, patients should be advised to notify their physicians if they are taking, or plan to take, any prescription or over-the-counter drugs [see **Warnings and Precautions**].

Heat Exposure and Dehydration

Patients should be advised regarding appropriate care in avoiding overheating and dehydration [see **Warnings and Precautions**].

This summary provides important information about SEROQUEL XR. For more information, please ask your doctor or health care provider about the full Prescribing Information and discuss it with them.

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I love my

Fitness



When I'm feeling in shape and eating a healthy diet, I have lots of energy to tackle my hectic days. I've always been pretty fit, but this past year I decided to push myself to get in my best shape ever and enter a fitness competition. The preparation was mentally, physically, and emotionally challenging: I ate a strict diet—tons of lean protein and no carbs after lunch—and pushed my body to work its hardest to reach my goal. I ended up placing fourth, and I was so proud of myself! The competition inspired me to become a personal trainer, so I'm studying now for my certification. I still work out four days per week, and I also take hustle dancing, which is so fun! —Jana Hollingsworth, 48, Los Angeles

Country

Up until recently, I had always lived in Salt Lake City. There, life felt so hectic and chaotic: My husband and I both worked corporate jobs with crazy commutes, and our family's schedule was always packed. Then, a little over a year ago, my husband's company began layoffs, and he decided that instead of trying to survive in that environment, he would go into his family farm business. I couldn't imagine myself as a country girl, and no one who knew me thought I would last. It was an adjustment, but I love it: I kept my job, but now I work from home from 7:30 a.m. to 3:30 p.m. so I can spend more time with my kids, ages 9 and 6. The lifestyle is great for the kids, as they now get outside to play, spending hours chasing butterflies, catching bugs, and riding bikes instead of watching countless hours of TV. Life feels simple now, and it's so much more enjoyable! I never knew what I'd been missing!

—Brittany Oler, 29, Shelley, ID



Fulfilled



I am a mother of two small boys, ages 4 and 5, and the wife of a wonderful, funny, and supportive man. Being a wife and mother is great—yes, some days can be challenging, but I wouldn't trade the smiles, hugs, and kisses for anything. Still, being a stay-at-home-mom wasn't entirely enough for me. Last year, my husband took a leap of faith and quit his job to stay home with our boys while I worked like crazy to launch my own online eco-friendly custom photo card, invitation, and stationery company. It was the best decision we've made as a family, and now I feel completely fulfilled both in heart and mind. —René Bross, 43, Spokane, WA

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